"A pre- experimental study to assess the effectiveness of parental partnership program regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."

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Faculty of Nursing

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In partial fulfilment of the requirement for the degree of

M.Sc. Nursing in Child Health (Paediatric) Nursing

By

Ms. Akanksha Anjali

Enrollment No: 2200041N07P76001

Under the guidance of

Dr. Mamta Verma

Associate Professor

Nursing College, AIIMS Bhopal

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ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

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Guide

Dr. Mamta Verma

Associate Professor

Nursing College, AIIMS Bhopal

डॉ. ममता वर्मा/Dr. Mamta Verma
सहायक प्राध्यापिका/Associate Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS BHOPAL, (M.P.)-462020

Co-guide

Dr. Jisa George T.

Assistant Professor

Nursing College, AIIMS Bhopal

डॉ. जिसा जार्ज टी/Dr.Jisa George T
सहायक प्राध्यापिका/Assistant Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS Bhopal, (M.P.)-462020

Co- Guide

Dr. Roshan Chanchlani

Associate Professor, Department of Paediatric Surgery

AIIMS, Bhopal

Dr. ROSHAN CHANCHLANI
M.S., M.Ch. (Paediatric Surgery)
Additional Professor
Department of Paediatric Surgery
AIIMS, BHOPAL-462020 (M.P.)

Place: Bhopal

Date:

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

CERTIFICATE

This is to certify that the dissertation entitled ***"A pre- experimental study to assess the effectiveness of parental partnership program regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."*** is the work carried out **by Ms. Akanksha Anjali** under the supervision and guidance of **Dr. Mamta Verma (Guide), Dr. Jisa George T (Co- Guide), Dr. Roshan Chanchlani (Co- Guide)** in the speciality of **M. Sc. in Child Health (Paediatric) Nursing.**

14/02/2024

Dr. Mamta Verma

Principal I/C

Nursing College

AIIMS, Bhopal

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

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Akanksha

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Akanksha 13/02/24

Akanksha Anjali

Guide,
Dr. Mamta Verma
Associate Professor
Nursing College,
AIIMS Bhopal

Dr. Mamta Verma
Associate Professor
Nursing College
AIIMS Bhopal (M.P.)-462020

Co-guide
Dr. Jisa George T
Assistant Professor
Nursing College,
AIIMS Bhopal

डॉ. जिसा जॉर्ज टी./Dr.Jisa George T
सहायक प्राध्यापिका/Assistant Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS Bhopal, (M.P.)

Co- Guide
Dr. Roshan Chanchlani
Associate Professor
Department of Paediatric Surgery
AIIMS, Bhopal

Dr. ROSHAN CHANCHLANI
M.S., M.Ch. (Paediatric Surgery)
Additional Professor
Department of Paediatric Surgery
AIIMS, BHOPAL-462020 (M.P.)

Place: Bhopal
Date: 13/02/24

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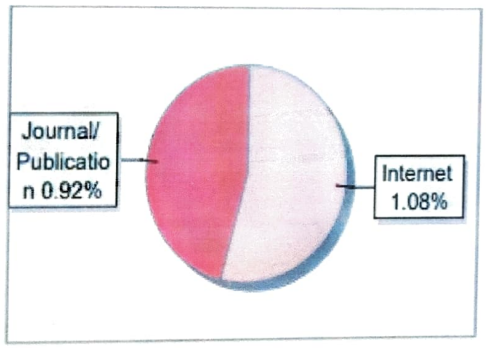

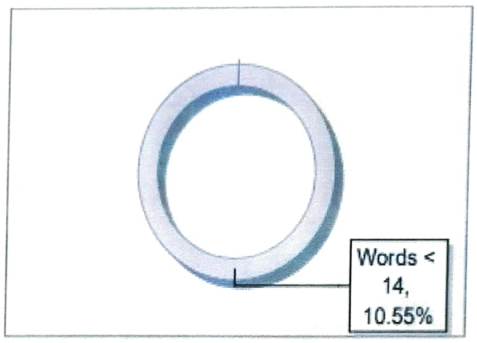

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Letter of Permission

Student Investigator: **AKANKSHA ANJALI** **Nursing College, AIIMS, Bhopal**	**Guide:** **Dr Mamta Verma** **Nursing College, AIIMS, Bhopal** **Co-Guides:** **Dr. Jisa George T , Dr. Roshan Chanchlani**

AIIMS, Bhopal Institutional Human Ethics Committee- Student Research (IHEC-SR) in its 7th meeting held on 22nd February 2023 discussed your proposal titled **"A pre-experimental study to assess the effectiveness of parental partnership program regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal"** and evaluated it for suitability for your dissertation as required for fulfilment of MSc (Nursing).

Following members attended the meeting:

1. Prof. D. K. Pal, Former HoD Community Medicine, GMC, Bhopal.....Chairperson
2. Prof. Rajnish Joshi, Professor of General Medicine, AIIMS, Bhopal.....Member
3. Prof. Amit Agrawal, Professor of Neurosurgery, AIIMS, Bhopal.....Member
4. Dr. Sunita Athawale, Professor of Anatomy, AIIMS, Bhopal.....Member
5. Dr. Girish Bhatt, Addl. Professor of Paediatrics, AIIMS, Bhopal.....Member
6. Dr. Ujjawal Khurana, Assoc. Professor of Pathology, AIIMS, Bhopal.....Member
7. Dr. Ankur Joshi, Assoc. Professor of CFM, AIIMS, Bhopal.....Member
8. Mr. Trivesh Goswami, Law Officer, AIIMS Bhopal,.....Member
9. Dr. Shashank Purwar, Professor of Microbiology, AIIMS, Bhopal.....Member Secretary

The decision of the committee is as follows:

The AIIMS, Bhopal IHEC-SR approves your research protocol. All research related activities must begin only after the date of this approval. The validity of this approval is till two years from the date of issuance. Please submit a closure report / renewal request before expiration of the validity for this approval.

Shashank Purwar

Dr. Shashank Purwar
Member Secretary, AIIMS Bhopal IHEC-SR
Professor of Microbiology
AIIMS, Bhopal
Contact Number: 7773010099

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Akanksha 13/02/24

Akanksha Anjali

Date: 13/02/24

Place: Bhopal

ABSTRACT

Introduction

Children and their parents go through stressful times when they are hospitalised or have surgery. When their child is in the hospital and awaiting surgery, parents experience anxiety and disturbance. More paediatric treatments are being carried out in a variety of locations as a result of the modern era of scientific development in child healthcare. In the present scenario, the parents take on a more significant role in their child's care, particularly while the child is hospitalised and getting ready for a planned surgery.

Methodology

A pre -experimental study among 50 parents of children undergoing genitourinary surgery through the non- probability convenient sampling technique at selected paediatric units of tertiary care hospital of Bhopal. Data was collected using socio-demographic variables and Hamilton Anxiety Rating scale. The intervention (parental partnership program) formulated by researcher was carried out in 3days, each day lasting for 30 minutes. The data was analysed using Wilcoxon Signed Rank test to compare the pre-intervention and post-intervention anxiety level scores in experimental group.

Results

Findings revealed that 18% of the parents had mild severity, 44% of the parents had moderate to severe anxiety and 38% of the parents had a mild to moderate severity of pre-intervention anxiety. After giving intervention there were 82% of the parents with mild severity, 14% of the parents had mild to moderate severity and only 4% of the parents had moderate to severe anxiety. The average anxiety levels were significantly lower after intervention (median post -test total score- 12) when compared to before intervention (median pre -test total score- 24).

Conclusion

From the findings of the study, it can be concluded that parents of children undergoing surgery were anxious about their children's surgery and anxiety was reduced after parental partnership program. The parental partnership program on the anxiety level of parents of children undergoing genitourinary surgery was found to be effective in reducing the anxiety levels of parents and it is recommended that such intervention can be planned and implemented as routine procedures in paediatric surgical nursing services.

Keywords: Parental partnership program, Anxiety, parents, genitourinary surgery

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LIST OF ABBREVIATIONS

AIIMS	All India Institute of Medical Sciences
ANA	American Nurses Association
df	Degree of freedom
IBM SPSS	Statistical Package for Social Sciences
I-CVI	Item Content Validity Index
IHEC- SR	Institutional Human Ethical Committee- Student Research
LOP	Letter of Permission
M	Mean
M.Sc.	Master of Science in Nursing
n	Number pf participants
No.	Number
OT	Operation theatre
p	Level of significance
Q	Quartiles
S-CVI	Scale Content Validity Index
SD	Standard Deviation
S.N.	Serial number
VAS	Visual analogue scale
3 D	3 Dimension

LIST OF SYMBOLS

%	Percentage
≤	Less than or equal to
=	Equal to
<	Less than
>	More than

CHAPTER 1
INTRODUCTION

CHAPTER 1

INTRODUCTION

Background of the study

Children and their parents go through challenging circumstances when a child is hospitalized or has surgery. Parents and children, all benefit from the involvement of parents in child surgical care.[1] In most cases, parents take care of their children in every way. Common parents worry about variety of things when their child needs surgery. When it comes to their child, parents become more aware of their surroundings, watchful, and cautious because they love their child and want to shield them from any challenges in life. Parents fear many aspects of their child's life, such as pain, death, the future, handicap, anaesthesia, surgical complications, and worrying about other family members. Less than half of the parents are concerned about money loss, blood transfusions, hospital stays, or appearance-related problems. Therefore, when a child needs surgery, parents become more anxious regarding the well- being of the child.[2] The parental role is significant in growth and development of the child.

For more than a century, surgery has been a vital part of medical care everywhere. The impact of surgical intervention on public health systems will only increase with the rising rates of cardiovascular disease, cancer, and traumatic injuries. Often, the only treatment that can improve impairments and lower mortality rates from common conditions is surgery. Millions of people worldwide receive surgical care each year, and the number of years that people live with a disability that is attributable to surgical interventions is estimated to be 13%.[3] The surgical necessities for children and adults are fundamentally different.[4] A vast majority of all surgical procedures involve congenital malformations

and traumas, which disproportionately impact children. Compared to adult surgery, paediatric surgical care demands a different facilities labor, and resources.[5]

According to the most recent data, approximately 4 million procedures are conducted yearly on average in the United States, with around 5% of children undergoing surgery each year.[6] A retrospective data from Indore, India, shows that three major surgery categories comprised the vast majority of paediatric patients: gastrointestinal (31%), trauma (19%), and urogenital (14%).[7]

The potential for various damage to the genitourinary system might begin as soon as the foetus begins to grow. Children may experience genitourinary organ damage or loss as a result of infections, congenital abnormalities, trauma, cancer, inflammation, iatrogenic injuries, or other problems that eventually require restoration.[8]

It has been discovered that behavioural factors significantly affect surgical healing.[9] Research conducted on surgical patients has revealed a correlation between anxiety prior to surgery and the recovery and result of the procedure.[10] A study shows that patients having elective surgery frequently experience perioperative anxiety. This implies that in order to improve post- operative outcome, preoperative anxiety should be addressed as part of their preoperative management.[11]

For children, surgery may be a very unpleasant experience since they lack the cognitive abilities to comprehend what is occurring to them and deal with stressful conditions.[12] Children and their parents go through stressful times when they are hospitalised or have surgery. When their child is in the hospital and awaiting surgery, parents experience anxiety and disturbance.[13] More paediatric treatments are being carried out in a variety of locations as a result of the modern era of scientific development in child healthcare. In the present scenario, the parents take on a more significant role in their child's care,

particularly while the child is hospitalised and getting ready for a stressful planned surgery.[14] Parental anxiety may arise from the role adjustments that occur when parents join hospitals and may be increased by uncertainty about their child's course of treatment and prognosis as well as their altered parenting role. As a result, parents may become more reliant on healthcare providers.[1]

According to the literature, parents frequently experience preoperative anxiety.[15] They may worry about a variety of things during their child's surgical procedure, including anaesthesia and its risks, the child's reaction to the procedure, and their own ability to care for their child after the hospital stays.[13] Research indicates that educating parents on the pre-, intra-, and postoperative events of their child's surgical journey by textual, visual, or audio means can increase their understanding and reduce their sense of worry.[16] In order to lessen preoperative anxiety in children and their parents, a study evaluated three different approaches: an information-based tour of the operation theatre, a modelling-based commercial videotape, and a coping-based approach called child life preparation. There was a decrease in anxiety in the group that got training in child life coping abilities.[17]

Health care provider should prioritise decreasing parents' preoperative anxiety.[18] To help parents prepare for their child's operation, health professionals must give precise and pertinent information. While children are having surgery, parental anxiety has a detrimental impact on how well the parents handle unfamiliar or stressful situations. Minimising parental anxiety is a problem for the nurses who work in the paediatric surgery facilities.[13] Parent’s active involvement in particular levels of care through mutual agreement, negotiation, and an open and collaborative partnership with nurses through information exchange and an increase in parent’s awareness and skills can result from their involvement in caring for a hospitalized child.[19]

Need of the study

Despite the fact that surgery is meant to save lives, poor surgical care can have serious consequences. Given how common surgery is, this has important ramifications: the crude mortality rate following major surgery is estimated to be between 0.5-5%; up to 25% of patients experience complications following inpatient operations; nearly half of all adverse events in hospitalized patients in developed nations are linked to surgical care; and at least half of cases where surgery results in harm are thought to be preventable.[3]

Millions of children undergo surgery and other medical procedures every day, and between 50% and 75% of parents' reports of their anxiety have been linked to anxiety-related illnesses, with 47% of parents reporting significant concerns about every facet of their children's hospital stay.[20] Fear of potential complications, worry about the suffering of the child, fear of surgery, uncertainty about the results, handicap, family problems, dependency, inability to recover from anaesthesia, and fear of death were the most frequent causes of anxiety among parents.[21]

One of the main causes of children's and parents' anxiety and frightening experiences is surgery. Up to 60% of young children are said to suffer from severe preoperative anxiety. Parents are also frequently anxious before surgery, which causes children to become anxious as well. Anxiety in parents can have a detrimental effect on how well children handle unfamiliar or stressful circumstances, such as being admitted to the hospital or needing surgery.[22]

Among the range of congenital abnormalities, paediatric urology is a prime area for global health surgical initiatives, particularly considering that genitourinary tract anomalies are five to ten times more frequent than cleft lip and palate. Congenital genitourinary tract anomalies are actually the third most common category of non-chromosomal congenital

anomalies, after congenital heart and limb defects.[23] The number of infants and children affected globally is even more startling when specific paediatric urologic conditions are taken into consideration. One in approximately hundred live male births has hypospadias, which is one of the most prevalent birth defects.[24] With an estimated millions of live births annually, sub-Saharan Africa alone accounts for a far smaller number of new hypospadias cases than the United States.[25] Similarly, in India, over thousands of new cases of congenital genitourinary abnormalities are believed to occur each year among millions of children, at least fifteen thousand of which are hypospadias. Although hypospadias is more common as several other paediatric urology conditions, like inguinal hernias and cryptorchidism. Certain genitourinary anomalies, like bladder exstrophy-epispadias complex and cloacal malformations, are less common and frequently involve difficult surgical reconstruction.[26]

When undergoing genitourinary surgery, patients arrive at a hospital or ambulatory surgery centre with a wide range of feelings and reactions, such as fear, humiliation, despair, discrimination, rage and sadness. For the majority, the most crucial thing is that the surgery be successful. The age range of urology patients includes both elderly individuals with physiologic disabilities and infants with congenital problems. Patients in urology frequently have complicated medical histories. Any changes to the patient's state of mind, body, or emotions could have a significant impact on the surgery and recovery process.[27]

Evidences shows the effectiveness of education on pre- operative parental anxiety reduction.[28] Another evidence conclude that child and their parents may experience anxiety as a result of insufficient awareness and understanding about surgical procedures and perioperative care. Preoperative education could be a useful strategy for lowering anxiety levels in both the child undergoing surgery and the parents.[29] A conclusion from

a study held in Spain is that parents' anxiety can be lessened by educating them, either through stories or videos, about the surgical procedures of their children.[30]

Evidence suggests that research on paediatric genitourinary surgery is limited, and genitourinary complications are observed in children. Similarly, it has also been found from the various research articles that parents are anxious before the surgery of the child; hence, there is a need for more research on the anxiety level of parents of children undergoing genitourinary surgery. Research shows that intervention is needed to reduce parental anxiety before the surgery of the child. Although parental anxiety can be reduced by the different types of intervention but partnership of parents in the child care could be more beneficial.

Research problem

A pre- experimental study to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal.

Research questions

1. What is the level of anxiety of parents of children undergoing genitourinary surgery before parental partnership program?

2. What is the level of anxiety of parents of children undergoing genitourinary surgery after parental partnership program?

3. How much parental partnership programme is effective to reduce anxiety after surgery among parents of children undergoing genitourinary surgery?

Objectives of the study

1. To assess the pre- intervention anxiety level of parents of children undergoing genitourinary surgery.
2. To assess the post- intervention anxiety level of parents of children undergoing genitourinary surgery.
3. To evaluate the effectiveness of parental partnership programme by comparing the pre- intervention anxiety level score and post-intervention anxiety level score.

Hypotheses

H_0: There is no significant difference between pre- intervention and post- intervention anxiety level score of parents of children undergoing genitourinary surgery.

H_1: There is significant difference between pre- intervention and post- intervention anxiety level score of parents of children undergoing genitourinary surgery.

Assumptions

1. The parents of children undergoing genitourinary surgery experience high level of anxiety.

2. Parents of children undergoing genitourinary surgery requires some instructions before surgery to reduce his/her anxiety.

3. Parents can develop more confidence and understanding towards care of his/her children after genitourinary surgery.

Operational Definitions

Effectiveness- In this study, effectiveness is defined as the extent to which parental partnership is useful in reducing the parental anxiety of children undergoing genitourinary surgery.

Anxiety- In this study anxiety is termed as uneasiness in behaviour followed by persistent fear and worry.

Level of anxiety- This study defines mild anxiety as a score of ≤17, mild to moderate anxiety as 18–24, and moderate to severe anxiety as 25–56 on the Hamilton Anxiety Rating Scale.

Parents- In this study parent is a mother or father or any belongings who cares as parents does.

Parental partnership program: it is an intervention planned by the researcher, which is a three-day mutual interactive session between researcher and the parents of children undergoing genitourinary surgery. In this series of activities was planned by the researcher including discussion, re- addressal question and feedback sessions which ensured the active participation of parents.

Genitourinary surgery- In this study, it is any major or minor surgical procedure related to the reproductive and urinary systems that is being performed on the child during hospital stay.

Tertiary care hospital- It is a level of health care unit where multiple specialized cares are delivered to the required sick person.

Delimitations:

The study is delimited to

1. Parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal and available during the period of data collection.
2. Parents of children who was not undergone through surgery other than genitourinary surgery was not included in this study.
3. Parents of children between the age group of 3-12years.

Conceptual Framework:

In research, a conceptual framework is used to suggest a preferred approach for a system analysis project or to outline potential courses of action. The concepts that make up the framework are connected to a pre-existing or proposed system of actions, interactions, connections, and objects.[31]

Hildegard E. Peplau's theory of interpersonal relationship (1952)[32]

The theory of interpersonal relations is a middle-range descriptive classification theory. The needs, feelings, issues, and ideas of the client are the centre of a planned and professional relationship between the nurse and the patient. It entails communication between two or more people working toward a common objective. Reaching this goal—or any goal—requires taking a number of actions that follow a methodical sequence. The nursing model identifies four sequential phases in the interpersonal relationship: orientation, identification, exploitation, and resolution phase.[32]

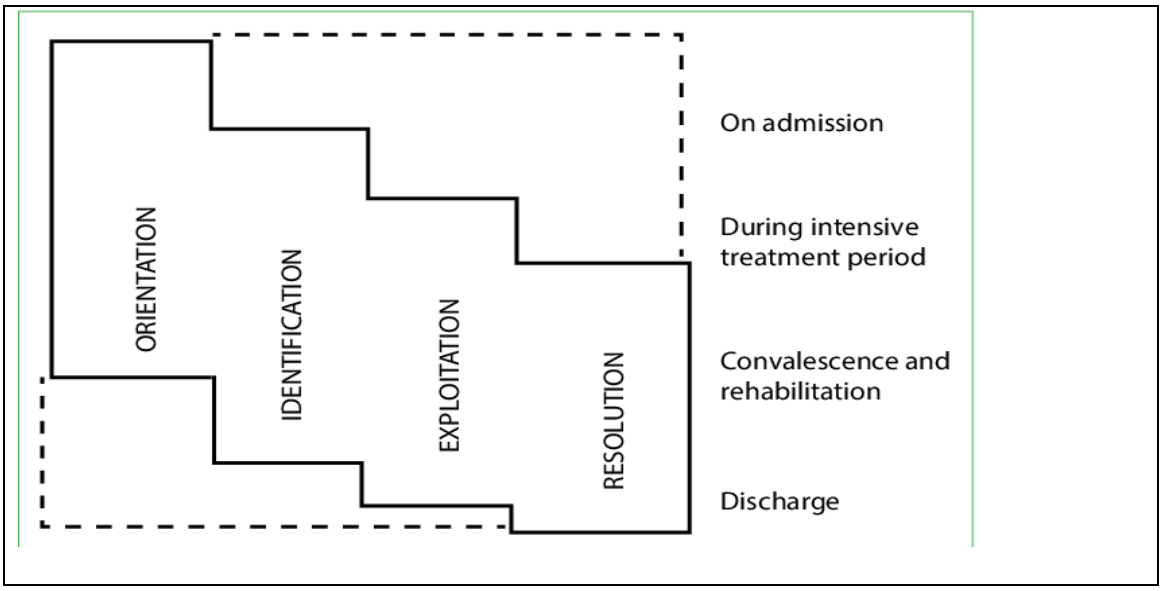

Figure 1: Hildegard Elizabeth Peplau's model of interpersonal relationship[32]

In the current research study, nurse researcher tried to develop a good and professional interpersonal relationship between her and parents of children undergoing genitourinary surgery followed by four phases of interpersonal relationship with the help of parental partnership program. Nurse researcher tried to involve in child care, develop confidence and make partnership of the parents in child care so that to reduce parental anxiety before surgery of child.

Orientation phase: It is the problem defining phase where the nurse helps the individual to recognise and understand his/her problem and determine the need for help. Nurse reacts, clarifies roles to client, assists in problem identification, and makes use of services and resources that are accessible.[32]

In this study, this phase includes knowledge regarding participation in research study, consent for the study as well as assessment of socio- demographic variables and anxiety level of parents before parental partnership program with the help of Hamilton Anxiety Rating scale by the nurse researcher.

Identification phase: When the client collaborates with the nurse, expresses emotions, and starts to feel better, the identification phase starts. During this phase, the patient starts to feel like they belong and are capable of solving the issue, which lessens their sense of despair and powerlessness.[32]

According to this study, identification phase includes the negotiation and mutual interaction of nurse researcher and parents, an agreement to clarify the parent's roles and to state their level of participation in child care. (It was done on the day1 of parental partnership program.)

Exploitation phase: During this phase, the client utilizes all of the provided services. Benefits from services are used in accordance with the requirements and preferences of the patients. The person experiences a sense of belonging within the supportive environment. They might use attention-getting strategies or small requests.[32]

In current study, exploitation phase deals with the enhancement of awareness regarding post- operative child care monitoring, involving the parents in caregiving to the child. Parents given the feedback about day1 of parental partnership program and asks the queries related to care and surgery of the child, researcher attempted to clarify the queries of parents. (It was done on the day2 of parental partnership program.)

Resolution phase: During the resolution phase, the client stops acting dependently and no longer requires professional services and here the relationship is over. Together, the patient and nurse have already been able to meet the patient's needs. It is now necessary for them to end their therapeutic alliance and cut all ties. It could occasionally be challenging for both due to psychological dependence.[32]

In the study, resolution phase carried out feedback about the day2 of parental partnership program & assessment of anxiety level of parents after parental partnership program with the help of Hamilton Anxiety Rating scale by the nurse researcher. (It was done on the day3 of parental partnership program.)

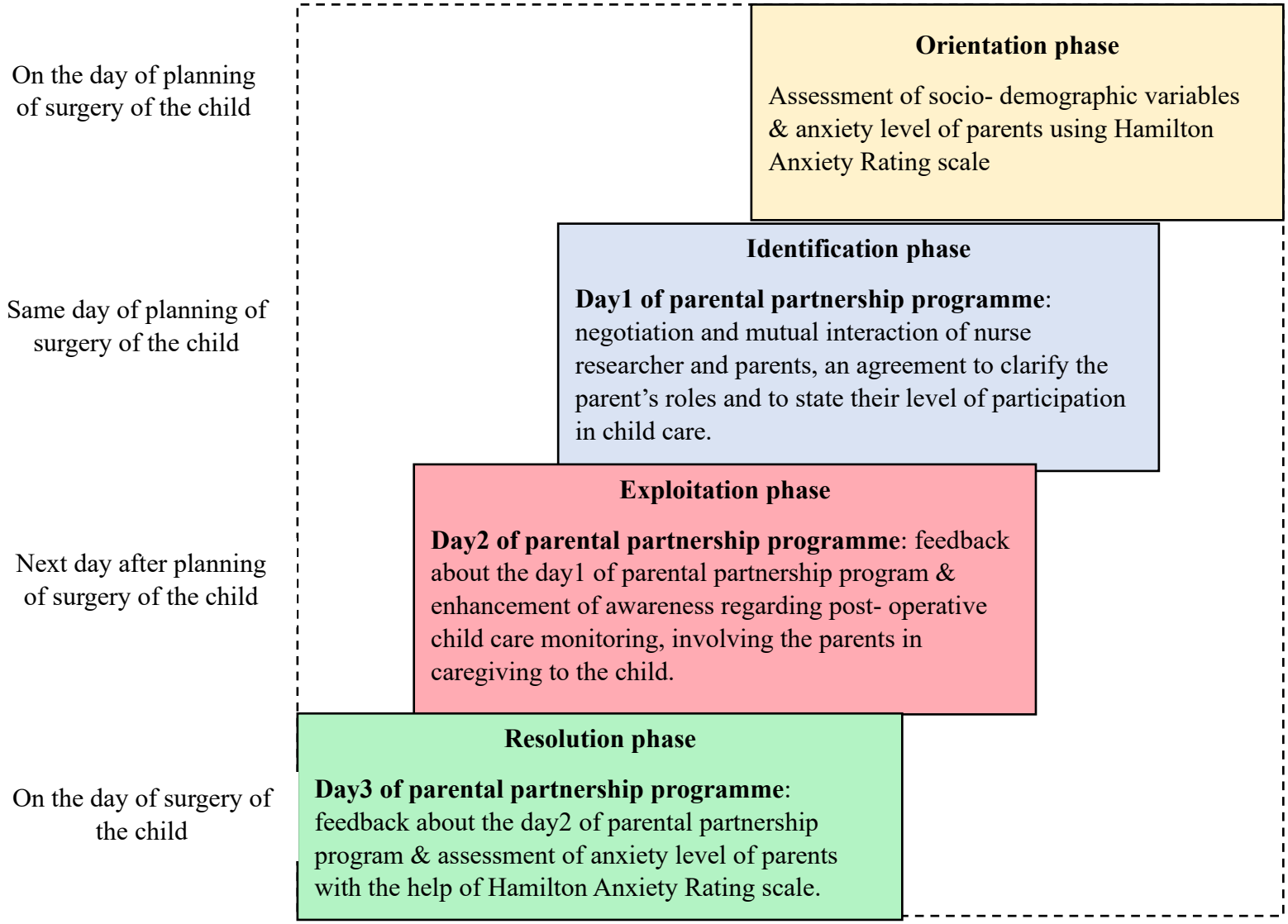
On the day of planning of surgery of the child
Orientation phase
Assessment of socio- demographic variables & anxiety level of parents using Hamilton Anxiety Rating scale
Same day of planning of surgery of the child
Identification phase
Day1 of parental partnership programme: negotiation and mutual interaction of nurse researcher and parents, an agreement to clarify the parent's roles and to state their level of participation in child care.
Next day after planning of surgery of the child
Exploitation phase
Day2 of parental partnership programme: feedback about the day1 of parental partnership program & enhancement of awareness regarding post- operative child care monitoring, involving the parents in caregiving to the child.
On the day of surgery of the child
Resolution phase
Day3 of parental partnership programme: feedback about the day2 of parental partnership program & assessment of anxiety level of parents with the help of Hamilton Anxiety Rating scale.

Figure 2: Conceptual framework based on Hildegard Elizabeth Peplau's theory of interpersonal relationship (1952)

Summary:

This chapter encompasses background and need of the study which focuses on previous research evidences related to the research topic that helps in justifying the current research topic. It also comprised of research problem, research questions, objectives of the study, hypotheses, assumptions, operational definitions, delimitations and conceptual framework based on Peplau's theory of interpersonal relationship.

CHAPTER 2
REVIEW OF LITERATURE

CHAPTER 2

REVIEW OF LITERATURE

In a research project review of the literature is a crucial first step. It offers a foundation for additional research, demonstrates the necessity of the study, highlights its flexibility, exposes the limitations of data collection, and connects its findings to other research in an effort to create a thorough analysis of scientific knowledge in a professional field, from which reasonable theories emerge.[33]

Search strategy:

Researcher used a focused and clear strategy to search the related literature based on the research topic, so that it helped in the overall research process as well as overview of the results that had been already established in various studies. Researcher used Boolean operators 'AND', 'OR' and 'NOT' for searching the research articles on different-different e-journals and electronic databases. The key words used for searching the literature were parental partnership program, genitourinary surgery, parents, nursing, anxiety level, etc. Google Scholar, Research Gate, PubMed, etc. were the electronic databases that has been explored.

The four categories from which the searched literature was separated are as follows:

1. Literature related to prevalence of anxiety of parents of children undergoing surgery.

2. Literature focused on interventions provided exclusively to parents of children undergoing surgery.

3. Literature about interventions for parents and their children undergoing surgery.

4. Literature focused on interventions provided exclusively to children undergoing surgery.

1. Literature related to prevalence of anxiety of parents of children undergoing surgery.

It is obvious that parents experience anxiety prior to their child's surgery; parental anxiety can range from very mild to very severe, but it is possible for both the parents' and the child's physical or mental health to be negatively impacted by the anxiety of parents.

The study conducted at the Duchess of Kent Children's Hospital, Hong Kong in the year 1996, attempts to determine the incidence and particular causes of anxiety among parents of children admitted to the hospital for elective surgery, to identify helpful coping mechanisms, and to identify characteristics linked to increased anxiety. 47% of parents had a diagnosis of an anxiety-related condition, and they were more worried about their children finding in the hospital. Every parent acknowledged that there were helpful mitigating variables, and they recommended a general guidance and education program as needed.[34]

A pilot study conducted in London in the year 2011, to assess parental anxiety and stress during children's hospitalisation, involved parents of 28 children hospitalised for at least 3 days. This study finds that anxiety and substantial stress are felt by parents when their child is admitted to the hospital. It may be helpful to screen for anxiety risk factors and to give interventions to parents to lessen ambiguity and unhealthy coping mechanisms.[35]

A descriptive study to assess the levels of anxiety in parents in the 24 hr before and after their child's surgery involved one hundred and one parents of children undergoing surgery at a healthcare facility in Padua, Italy in the year 2017. Preoperative anxiety was

noted by parents in the paediatric urology and paediatric cardiac surgery departments to be greater, especially among mothers. While information on local anaesthetic, pain management, and nutrition decreased anxiety, while communication about surgical problems raised parental anxiety. It is possible to draw the following conclusions about caregiving practices that might lessen the stress of hospitalization for parents are: increased support, including them in the course of treatment, better hospital department admission protocols, and comprehensive preoperative information.[36]

A research article, based on the cross- sectional study held in year 2019 in Ethiopia assessed the parental anxiety and factors associated with it among parents of children undergoing anaesthesia and surgery. Outcome demonstrates more than 74% of parents reported having anxiety. According to the findings of descriptive analysis of the various potential causes of preoperative parental anxiety, over 70% of parents expressed fear for their child's life, including fear of death, worry for other family members, the child's pain during and after surgery, the child's future, the possibility of disability, anaesthesia, and complications from surgery. Less than 50% of parents were afraid of losing money, their child needing a blood transfusion, becoming ill in the hospital, or their child having a cosmetic problem. Parental anxiety is significantly linked to factors such as parent sex, parent occupation, anaesthesia information status, child age, and fear of postoperative pain.[2]

A Single-Centre Cohort Study conducted in the year 2022 in Poland assess the factors related to anxiety in paediatric patients 9–17 years of age, and their parents before and after a modified Ravitch procedure. Prior to the modified Ravitch treatment, children and adolescents had low, moderate, and high levels of anxiety, with mothers and the parents of females reporting more anxiety. Parents also reported greater levels of preoperative anxiety. Anxiety in paediatric patients prior to surgery was linked to that of

their parents and following surgery, this was linked to high levels of preoperative anxiety, pain, and age of the child. Gender and the paediatric patients' type of postoperative analgesia affected the parents' anxiety before surgery, whereas the paediatric patients' preoperative anxiety and gender affected the parents' anxiety following surgery.[37]

Children in paediatric urology may typically experience discomfort and distress as a result of invasive diagnostic and therapeutic procedures. It might therefore negatively impact both parents and children's behaviours. A study conducted in Turkey in the year 2020, compared the anxiety levels of mothers and fathers following primary and repeat paediatric urological surgeries. The primary surgery group and the recurrent surgery group were the two main groups into which the participants were split. Researchers have shown that the most reliable indicators of elevated parental anxiety are recurrent procedures. Regardless of the type of operation, mothers' state anxiety levels were greater than fathers', despite the fact that fathers' state anxiety increased more after minor and major procedures than after day surgeries. These results suggest that providing parents psychological support and comprehensive information regarding surgical procedures may help lower their anxiety levels.[38]

It is clear from all of the findings that are presented that parents of children having surgery have greater levels of preoperative anxiety. Thus, it demonstrates the necessity for health care providers to prepare interventions and strategies aimed at minimizing parent anxiety when their children are having surgery. Various factors were found to be associated with preoperative anxiety like fear for their child's life and death, worry for other family members, the child's pain during and after surgery, the child's future, the possibility of disability, anaesthesia, and complications from surgery of the child, etc.

2. Literature focused on interventions provided exclusively to parents of children undergoing surgery.

Parents experience anxiety due to their child's surgery, which may have an impact on both the child's recovery and caregiving. Children's physical and mental health may be impacted by their parents' mental health.

A study where mothers of children undergoing cardiac surgery received interventions on post-operative anxiety in the year 2016 in few hospitals in Chennai, India. The study design was a true experimental post-test only design in the cases where the experimental group received information transfer and a hospital tour as part of the pre-operative orientation program. The study found that mothers of children undergoing cardiac surgery experienced less anxiety after participating in a pre-operative orientation program.[39]

The effectiveness of video education on pre-operative parental knowledge and anxiety: a study held in School of Nursing at West Virginia University in the year 2020. After the application of intervention, the parental knowledge was found to be significantly increased. There was a significant difference between pre and post-test parental state anxiety scores ($p = 0.000$). The mean anxiety score, before intervention was higher than the mean anxiety score after intervention. Hence, the use of video education was found to be effective in reducing parental anxiety.[28]

A study of preoperative treatment intended to allay parents' fears when their child with cancer is scheduled for surgery in University of Indonesia in the year 2020. Preoperative education and anticipatory guidance were components of the intervention. Parents reported feeling less anxious and more relieved. They maintained eye contact and appeared more composed after the intervention. This study leads to the conclusion that a

lack of awareness and information about perioperative care and surgical procedures may cause anxiety in patients and their parents. Preoperative education proved to be a useful strategy for lowering anxiety levels in both the patient and the parents.[29]

A study in Sohag University Hospital in the year 2021 in Egypt included a convenient sample of seventy mothers who had children who were diagnosed with cardiac defects and were receiving cardiac catheterization. This study assesses how mothers' emotional status about their children receiving cardiac catheterization are affected by educational guidelines. The current study displayed a considerable improvement in mothers' knowledge level following the adoption of the education guidelines. After the cardiac catheterization education guidelines were given to the mothers, there was a substantial decrease in emotional disturbance symptoms such as depression, stress, and anxiety among mothers. This relationship was shown to be highly statistically significant. Additionally, the mothers' mental state and level of cardiac catheterization knowledge improved as a result of the educational guidelines.[40]

Drawing from the findings of numerous studies focused on parental anxiety of children undergoing surgery, it can be identified from the above evidences that parents require intervention to lessen their anxiety prior to the child's surgery, as well as information about the procedure and ways to improve their understanding related to the surgery of the child. From the above researches held, intervention in the form of information transfer, hospital tour, video education and preoperative education was effective in reducing parental anxiety of children undergoing surgery.

3. Literature about interventions for parents and their children undergoing surgery.

In order to lessen preoperative anxiety in both the child and their parents, it might be more beneficial to provide intervention to the parents in addition to the child undergoing surgery. So that the mental health of the parent and children will have a positive effect on the child's post-operative recovery.

A study carried out on children admitted to a day surgery unit for elective surgery between the ages of 7 to 12 years in one of the biggest acute-care hospitals in Hong Kong, China in the year 2006. In order to psychologically prepare children for surgery, therapeutic play intervention was employed in this study. The findings demonstrated that in the pre- and postoperative phases, children and parents in the experimental group reported lower state anxiety scores. Parents in the experimental group expressed higher levels of satisfaction, and children in the group showed a lower rate of negative emotional behaviours. However, the data show that there were no differences in the post-operative pain experienced by children in the two groups. The study offers empirical proof for the value of parental involvement in their child's psychoeducational preparation for surgery as well as the efficacy of therapeutic play intervention in reducing parental and child anxiety.[41]

A study with quasi- experimental design held in the year 2015 in day surgery department in a Turkish university hospital. Eighty-two of the study's sample were surgical patients. The study's goal was to investigate how the preoperative preparation programs in the outpatient paediatric surgery department affected the children and their parents. Following training from researchers, the primary caregiver received verbal information about the procedure, an instruction booklet and telephone counselling for

any additional questions. The child received the colouring book and information about the procedure via the use of the medical play doll, or rag doll. The study found that a pre-operative preparation program improved primary caregiver satisfaction and reduced anxiety of parents and children. Children's drawings showed decreased impulsivity, concern, and anger in the intervention group. This suggests that children require support during hospitalization as they struggle to express their needs and worries related to surgery.[42]

In India, a study conducted in AIIMS, Rishikesh in the year 2018, suggests that the use of preoperative educational schedule on anxiety and coping mechanism among children and their parents was effective to minimize anxiety and improve coping mechanisms among children and their parents. This study was a randomized controlled trial conducted on children aged 7–12 years and their parents. Following the treatments, the majority of children in the intervention group reported feeling mild anxiety, whereas the control group experienced higher levels of anxiety. The children's levels of coping mechanisms in the intervention and control groups differed significantly. Additionally, at the p value <0.05, there were notable variations in the anxiety and coping mechanism levels of the post-intervention parents between the intervention and control groups.[22]

A study from Karachi, Pakistan in the year 2019, assess the role of preoperative educational intervention in reducing parental anxiety. This trial was blinded, controlled, and randomized. Enrolled were the parents of seventy-two paediatric patients (between the ages three to eight years) receiving elective infraumbilical daycare surgery. The group that had received intervention was given written details with the assistance of a standardized brochure, earlier on the day of the procedure. According to this, giving educational intervention to parents whose children are receiving outpatient anaesthesia caused their anxiety to drop before their children were moved to the surgery room.[43]

A quasi- experimental study from North Carolina, US in the year 2019, involved fifty parents of children having surgery at a day surgery centre. In this study standardized preoperative teaching plan delivered by researcher before surgery of the child. Substantial decrease in parental anxiety after surgery of the child was seen.[44]

A narrative review, interventions for parental anxiety in preparation for paediatric surgery, an overview of many different techniques for reducing parental anxiety in a preoperative stage is given. This article included the published research in the year 2021. There are evidences that preoperative education, play-based interventions, music therapy, parental presence during induction of anaesthesia, and integrated preoperative preparation programs can help lessen parental anxiety prior to surgery of the child.[45]

A different finding was noted in a randomized clinical trial, Brazil in the year 2020, in this study educational intervention was given through a comic book for preoperative anxiety in children, adolescents, and their parents. This research examined the effects of preoperative nursing guidance on children's and adolescent's anxiety upon admission to the operating room. Intervention was helpful in lowering parent's anxiety following their separation from their children outside of the operation room but unable to lower children's and adolescents' self-reported preoperative anxiety at the time of entrance to the operating room.[46]

A contradictory study found, which was held in Children's Hospital at Yale-New Haven, United States in the year 1996, aimed to evaluate the effectiveness of a behavioural-preparation program on reducing anxiety in 143 children and their parents prior to elective surgery. The program includes an orientation tour, role-playing (medical play) by child-life specialists in relation to the particular surgery scheduled for the child, as well as details about the perioperative experience. But the result shows there was no

statistically significant difference in the level of overall anxiety among parents and children in the group that went through the preoperative program compared to the group that did not.[47]

Going through various reviews and research held in exotic countries as well as India, the use of interventions in the form of preoperative preparation, education, and parental presence, preoperative education, preoperative preparation programs, therapeutic play intervention were recommended to reduce parental and child preoperative anxiety. Also, a contradictory finding was noted where the use of a behavioural-preparation program doesn't show a reduction in the preoperative anxiety of parents and children.

4. Literature focused on interventions provided exclusively to children undergoing surgery.

Considering the physiological and psychological differences between children and adults, it is crucial to offer pre-operative anxiety reduction interventions to the children.

Quasi- experimental research, was conducted in the year 2010, in Shiraz, Southern Iran, to evaluate the impact of pre operative psycho-educational interventions on pain and anxiety in children having tonsillectomy. In this study, the psycho-educational interventions involved a 20-minute videotape depicting the experiences of a rabbit and a girl undergoing tonsillectomy. Experimental group's anxiety levels decreased statistically considerably from before to after surgery, however the control group's anxiety levels considerably arose. The results of this study demonstrated the efficacy of psycho-educational interventions in enhancing children's postoperative outcomes.[48]

A quantitative systematic review included the article published in year 2010, assessing the relationship and differences in perioperative anxiety and postoperative pain in children and adolescents undergoing elective surgical procedures discusses that

postoperative pain was more common in adolescents and children with higher degrees of perioperative anxiety. The review emphasizes the influence of perioperative anxiety on the postoperative pain of children and adolescents, implying the necessity of interventions aimed at decreasing anxiety and improving pain management during the perioperative phase.[49]

A time series experimental design study was conducted in Apollo Children's Hospital, Chennai, India in the year 2012, with sample size of sixty. Effectiveness of pre-operative virtual operation theatre tour upon anxiety in children undergoing surgery with age group of 8-16 years were assessed. The experimental group of children undergoing surgery was then given individual access to the pre-operative virtual operation theatre (OT) tour. Prior to the preoperative virtual OT tour, 90% of the children in the experimental group reported having severe anxiety; however, following the tour, severe anxiety decreased to mild anxiety 60% and moderate anxiety 40%. This study revealed that giving children undergoing surgery a virtual OT tour prior to surgery may contribute to lessen their anxiety.[50]

A review article published in the year 2015, focussing on preoperative anxiety in paediatric population identified that preoperative anxiety in children is influenced by various factors, including fear of physical harm, separation from parents, witnessing parental anxiety, unfamiliar hospital environments, uncertainty about acceptable behaviour, loss of control, autonomy, and competence, exposure to strangers touching private parts, shame, and medical jargon. The study's findings indicate that use of preoperative interviews, videos, clowns, and virtual tours, toys, videos, and deep breathing are all excellent forms of distraction that work especially well in reducing preoperative anxiety of the child. As stated in the article, the researchers highly advise

using pretend play to get greater control over the preoperative anxiety in paediatric population.[51]

A study held in Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra, India in the year 2019. Ninety-four children were randomly allotted into two groups. Aim of this study was to assess the effect of preoperative education on anxiety in children undergoing day-care surgery. This study was a prospective, randomised double-blind interventional study. In this study intervention included showing children three clips from a five-minute peer modelling video via a smartphone. In comparison to the control group, the study group's median preoperative visual analogue scale (VAS) score was considerably lower ($P < 0.001$). When comparing the study group's mean preoperative pulse rate to that of the control group, a significant difference was observed ($P < 0.001$). When comparing the study group to the control group, the mean preoperative diastolic blood pressure and mean preoperative systolic blood pressure were both considerably lower ($P < 0.001$). Thus, this study came to the conclusion that children aged 7 to 12years who were exposed to preoperative education witnessed a reduction in preoperative anxiety.[52]

A systematic review and meta-analysis, included the articles published in the year 2020, to assess the effectiveness of non-pharmacological interventions to manage anxiety in adolescents in the perioperative period concludes that when comparing the scores obtained before and after non pharmacological intervention administration, there was a statistically significant change in anxiety, and this was deemed clinically meaningful.[53]

From the numerous systematic reviews and experimental research, finding suggests the preoperative anxiety among the children and the application of intervention in the form

of nursing guidance, non- pharmacological interventions, pre- operative education, etc. were informed to reduce preoperative anxiety among the children.

Research gap:

Upon reviewing the literature, it was found that there was a variety of descriptive or experimental research conducted globally on parental anxiety before the surgery of the child, but literature related to the preoperative anxiety of parents of children undergoing genitourinary surgery was not found. In the studied literature, the intervention entirely involves one-way communication with the parents; active parental participation is absent.

Summary

The chapter review of literature covered a wide range of earlier research articles and systematic reviews that indicate the effectiveness of interventions that should be given to parents and/or children in order to reduce anxiety, as it is evident that both parents and children experience anxiety prior to surgery. Research indicates that adult patient also need intervention prior to surgery in order to lessen their anxiety related to surgery.

CHAPTER 3
MATERIALS AND METHODS

CHAPTER 3

MATERIALS AND METHODS

Research methodology described in this chapter comprises of research approach, research design, variables in the study, study setting, population, sample including criteria for sample selection, determination of sample size, sampling technique, tools for data collection, including their establishment and descriptions, as well as their reliability and validity, technique of data collection, ethical consideration, description about pilot study, procedure of data collection and plan for analysis of data.

Research approach

In this study, quantitative approach was used. The purpose of this study was to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal.

Research design

In this study pre- experimental research design with one group pre- test- post- test design was used. In this, one instance was watched twice: once prior to the intervention and once following it. It was assumed that the intervention caused modifications to the desired outcome. There wasn't a comparison or control group used. So, in this study anxiety of parents of children undergoing genitourinary surgery was assessed two times once before administration of parental partnership program and once following it.

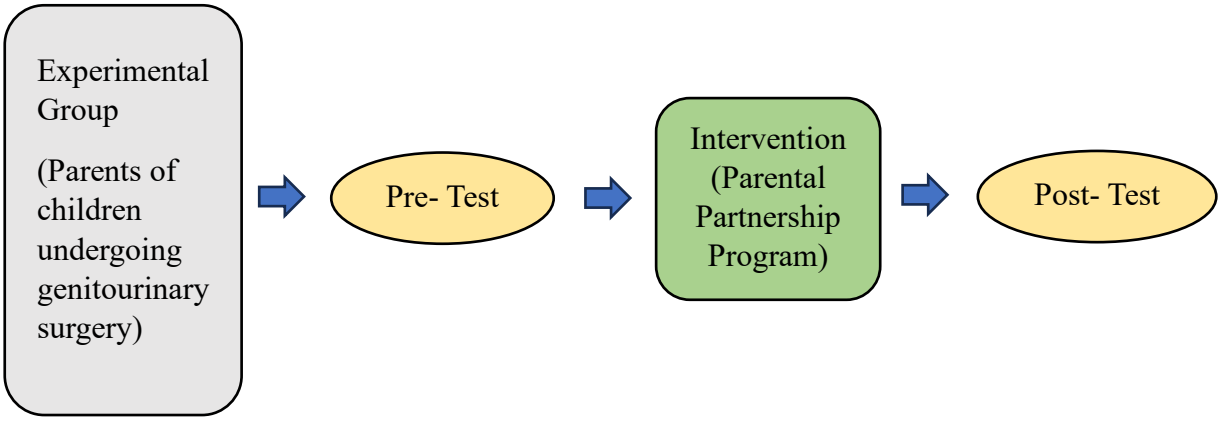

Figure 3: Schematic representation of research design

Research variables

Research variables can be categorized into following categories:

- **Independent variable:** Parental Partnership Programme
- **Dependent variable:** Level of anxiety among the parents of children undergoing genitourinary surgery.
- **Socio- demographic variables:** Parent's Performa consists of parent's age, gender, religion, educational status, occupation, residential area. Child's Performa consists of child's age, gender, previous hospitalization of the child & history of any previous surgery.

Research setting

Current study was conducted at paediatric surgery ward of AIIMS, Bhopal, Madhya Pradesh, India.

Population

- **Target population:** all the parents of children undergoing genitourinary surgery.
- **Accessible population:** all the parents of children undergoing genitourinary surgery at tertiary care hospital of Bhopal.

Sample

In this study the sample consists of parents of children undergoing genitourinary surgery and who fulfilled the sample selection criteria.

Sample Inclusion Criteria:

1. Parents of children between the age group of 3- 12 years and undergoing genitourinary surgery.
2. The parents who were willing to participate in this study.
3. The parents of children whose genitourinary surgery was planned at selected tertiary care hospitals in Bhopal.

Sample exclusion criteria

1. The parents of children who were not planned for genitourinary surgery.
2. Parents of children in the age groups of less than 3 years and more than 12 years.
3. The parents were not willing to participate in this study.
4. Parents of children who were critically ill.
5. The parents of children who were undergoing emergency surgery.

Sample size

On the basis of findings of pilot study effect size was calculated as 1.5144, using α value 0.05, 2 tailed, power value 0.95, by using software G* power 3.1.9.7, minimum sample size is calculated as 23.

Total **50 sample** in experimental group was taken, there was no any control group in this study was involved.

Sampling technique

Non probability convenient sampling technique was used in this study for the sample selection.

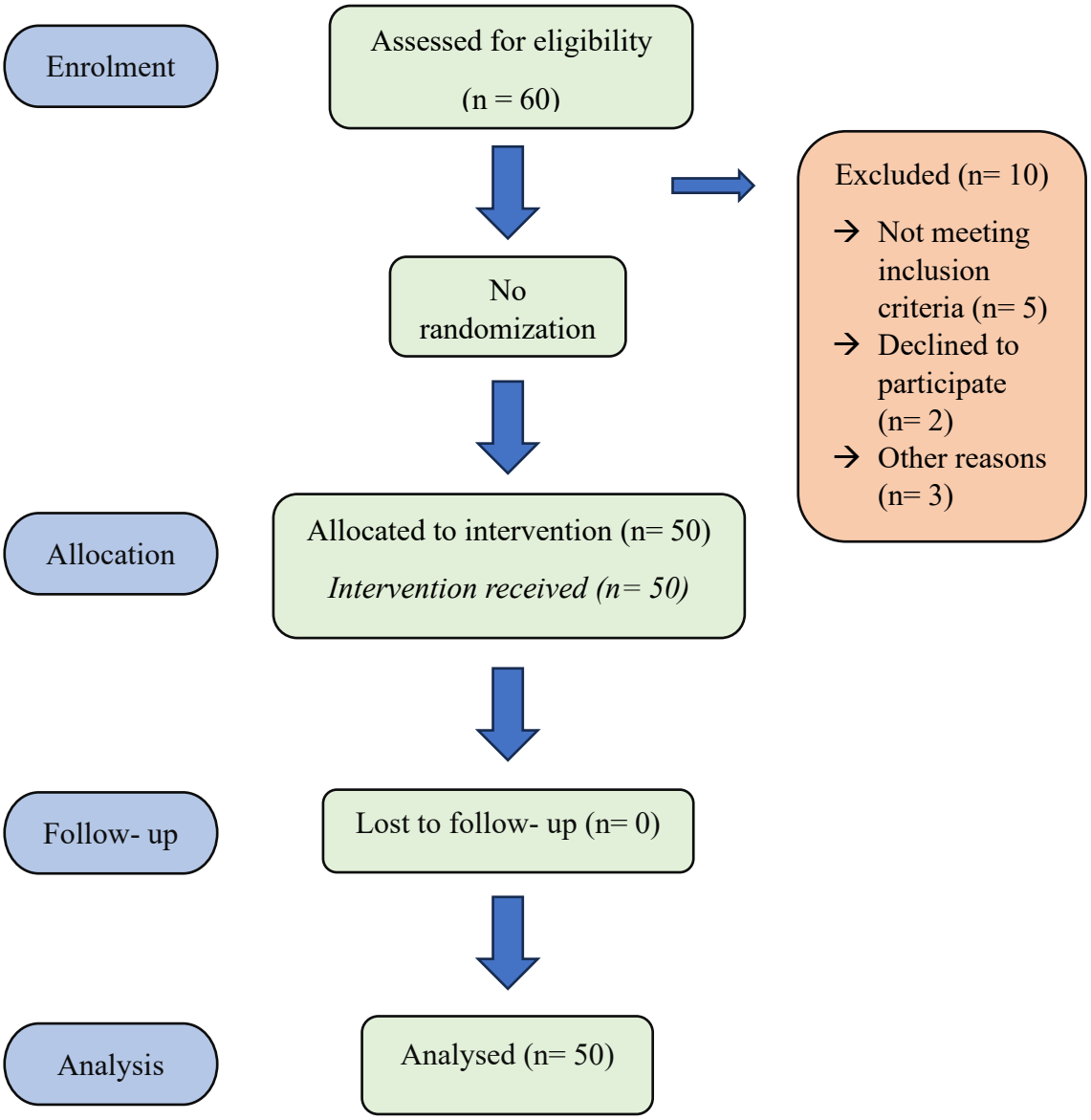

Figure 4: sample recruitment process

Data collection tools/ instruments

In the current study, the tool was divided into two sections, section A & B. Section A consists of socio-demographic variables and was further subdivided into parent's performa and child's performa. Section B consists of Hamilton Anxiety Rating Scale. **(ANNEXURE- 2)**

Development of tools:

Only section A was prepared by the researcher while section B was a standardized tool available in public domain.

Following steps were taken while preparing the section A of the research tool:

1. A review of the literature was conducted using a variety of papers, theses, books, journals, and previously published studies.
2. The researcher created a draft of the tools and added or modified them based on recommendations and corrections from the guide and co- guides.
3. Paediatricians, psychologist, and specialists in the field of psychiatry and paediatric nursing were consulted directly for advice, corrections, and recommendations. **(ANNEXURE- 4)**
4. To create a valid tool, modifications were made to the tool based on expert recommendations, and a content validity index for the sociodemographic performa was computed.
5. Ultimately, the tool's final draft was created, with its content finalized. Before the validity of the tool, the intervention was made for 5 days, but after it was made for 3 days, no other major changes were made to the tool.

Description of the tool:

The tool was divided into two sections: A & B. Section A consists of socio-demographic variables and section B consists of Hamilton Anxiety Rating Scale. While as section A was further sub- divided into parent's performa and child's performa.

Section A: Sociodemographic Variables

Section A was subdivided into parent's Performa and child's Performa.

Parent's performa consists of parent's age, gender, religion, educational status, occupation, residential area. **Child's performa** consists of child's age, gender, previous hospitalization of the child & history of any previous surgery. **(ANNEXURE- 2)**

Section B- Hamilton Anxiety Rating Scale

This scale was a standardized scale developed by Max Hamilton in 1959. This tool was available in public domain.[54]

The scale consists of 14 items, each defined by a series of symptoms. Each item was scored on a scale of 0 (not present) to 4 (severe) based on five- point Likert scale. Total anxiety score ranges from 0 to 56. Interpretation of anxiety scoring was mild severity if score was less than or equal to 17, mild to moderate severity 18-24, moderate to severe 25-56. **(ANNEXURE- 2)**

Validity of tool

For the current study, tool was sent to 18 experts. Item content validity index (I-CVI) and scale content validity index (S-CVI) was calculated.[55] The S-CVI for Section A was 0.98 which was found to be acceptable range for the validity of the tool Hamilton Anxiety Rating Scale.

Language experts examined and verified the Hindi version **(ANNEXURE- 3)** of the content of the research tool for section A and B. **(ANNEXURE- 8)**

An article from Journal of Affective Disorders shows that two distinct samples for anxiety disorders and for depressive disorders were used to examine the validity and reliability of the Hamilton Anxiety Scale and it demonstrated adequate concurrent validity and reliability.[56]

A cross sectional study conducted in Samarinda, Indonesia with stratified random sampling method was conducted on 98 nurses to measure work-related stress in nursing. Results shows item construct validity based on the Pearson correlation ranged from 0.529 to 0.727.[57]

Reliability of tool

A cross sectional study conducted in Samarinda, Indonesia with stratified random sampling method was conducted on 98 nurses to measure work-related stress in nursing. Results shows Cronbach's alpha reliability was obtained at 0.756 which was acceptable for the reliability of the tool Hamilton Anxiety Rating Scale.[57]

Description of the intervention: Parental partnership program

Parental partnership program: In this study, intervention was planned as 3day mutual interactive session between the parents of children undergoing genitourinary surgery and researcher, which involves active participation of the parents. At the end of each day session re- addressal question sheet was distributed to the parents and collected after 10minutes, if any wrong answers were given by the parent, then at the same time correct answers were corrected to them. After that each day a feedback sheet was also distributed to the parents and on the next day it was collected and queries were solved.

This program was started after planning of surgery of the child and 2 days before the surgery of the child and completed until the day of the child's surgery, but before the surgery itself. Each day 30 minutes time for the parental partnership program was assured. **(ANNEXURE- 9)**

Table 1: Activities performed by the researcher in parental partnership program

Day	Activity
Day 1	✓ Pre -test was taken from parents. ✓ Negotiation and mutual interaction of researcher and parents. ✓ An agreement to clarify the parent's roles and to state their level of participation in child care ✓ Re- addressal question sheet was distributed to the parents and collected after 10 minutes and wrong answers were corrected. ✓ Feedback sheet was distributed to the parents.
Day 2	✓ Previous day feedback sheet was collected and queries were solved and next day session was initiated. ✓ Enhancement of awareness regarding post- operative child care monitoring. ✓ Involving the parents in caregiving to the child. ✓ Re- addressal question sheet was distributed to the parents and collected after 10 minutes and wrong answers were corrected. ✓ Feedback sheet was distributed to the parents.
Day 3	✓ Previous day feedback sheet was collected and queries were solved. ✓ Post- test was taken from parents.

Development of parental partnership program

The content of the parental partnership program was prepared by the researcher based on the experience of researcher and review of literature. Corrections and guidance were also taken from the guide and co- guides.

Validation of the content of parental partnership program

Experts were requested to review the text and make recommendations for revisions about the language, coherence, clarity, and content of each point. The parental partnership program's information was sent to professionals in pediatric and psychiatric nursing, paediatricians and psychologist, who were requested to comment on its organization, readability, and sufficiency. **(ANNEXURE- 4)**

Language experts examined and verified the Hindi version **(ANNEXURE- 10)** of the content of the parental partnership program. **(ANNEXURE- 8)**

Technique of data collection

Data collection was done using socio- demographic variables and standard tool Hamilton Anxiety Rating Scale for the anxiety assessment pre- test and post- test. Socio-demographic variables were divided into two sections parent's performa and child's performa.

Table 2: Description of tools and techniques for the data collection

S.N.	Sections of the tool	Type of tool	Data collection technique
1.	Section A: Socio-demographic variables ➢ Parent's Performa ➢ Child's Performa.	Self- structured Self- structured	Interview method Interview method
2.	Section B: Hamilton Anxiety Rating Scale	Standardized	Questionnaire method Interview method

Ethical consideration

Ethical permission was taken from Institutional Human Ethics Committee- Student Research (IHEC-SR), AIIMS Bhopal.

(Letter of Permission no. AIIMS/BPL/IHECSR/July/22/MscN/01)

Prior to gathering any data, the investigator obtained approval from the Medical Superintendent and Principal of the Nursing College at AIIMS Bhopal to conduct pilot study and main study. **(ANNEXURE- 1)** They also informed the Heads of Departments, ANS and Nursing Officers of Paediatric Surgery ward.

The investigator provided the Participant Informed Consent form **(ANNEXURE- 13)** and Participant Information Sheet **(ANNEXURE- 11)** regarding the details of the study.

Researcher explained the study in detail, to all the parents of children undergoing genitourinary surgery before enrolment to the study. Written informed consent was obtained after giving full disclosure regarding study participation. Confidentiality regarding the sample information was maintained by using code numbers by the investigator, data sharing was limited to the guide and co- guides. This study involved no financial gain, and there was no physical harm to any of the participants.

Pilot study

Pilot study with 10 samples and the same objectives and processes as the main study was carried out to see if the major study could be carried out. Pilot study was conducted at AIIMS, Bhopal after permission from Medical Superintendent and Principal of the Nursing College, AIIMS Bhopal from 11/10/23 to 18/11/23. Pilot study was done to assess the effectiveness of parental partnership program and with 10 samples in experimental group and no any control groups were involved in the study.

Based on the inclusion and exclusion criteria, 10 samples were selected by non-probability convenient sampling technique in the pilot study. The researcher obtained informed consent, gathered data as needed, and preserved confidentiality. Each subject's data was coded, and both descriptive and inferential statistics were used to analyse the results. The results of the pilot study indicate that the parental partnership program was effective in lowering parents' anxiety levels after it was implemented. The viability of the research and the identification of potential future concerns were aided by the pilot study.

Procedure of data collection

Following approval from Institutional Human Ethics Committee-Student Research (IHEC-SR) AIIMS, Bhopal, a pilot research and subsequent major study were carried out at the hospital's paediatric surgery ward. Data collection was done from 11/10/23 to 02/11/23. The research included all parents whose children underwent genitourinary surgery and who met the sample selection criteria. Following an explanation of the study's goals and methodology, parents of children undergoing genitourinary surgery between the age group of 3-12years, informed consent was taken from parents.

A pre-test using the Hamilton Anxiety Rating Scale and parent's socio- demographic data were completed. Following that, the parental partnership program was implemented as scheduled, and parents were given post-tests by using the Hamilton Anxiety Rating Scale. Most of the time, data was gathered in the morning; on average, four to five parents provided data each day. The researcher spent around thirty minutes meeting with each parent. During the data collection period, parents who were not meeting inclusion criteria, declined to participate and other reasons were excluded from the study. No one has left the study in between and total 50 parents were included in the study.

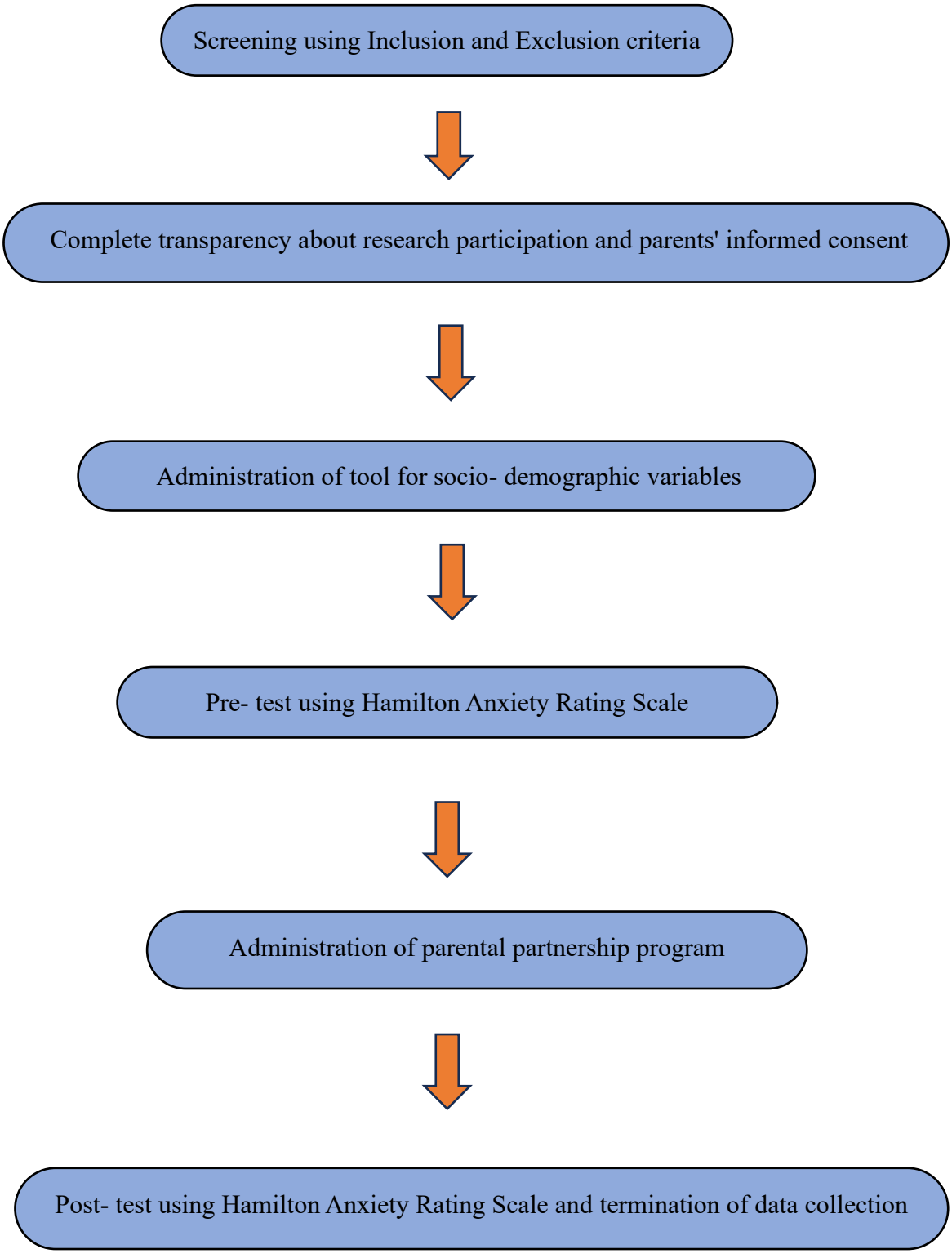
Screening using Inclusion and Exclusion criteria
Complete transparency about research participation and parents' informed consent
Administration of tool for socio- demographic variables
Pre- test using Hamilton Anxiety Rating Scale
Administration of parental partnership program
Post- test using Hamilton Anxiety Rating Scale and termination of data collection

Figure 5: schematic representation of the data collection procedure

Plan for data analysis

In order to gather data for the current study, the researcher intended to use both descriptive and inferential statistics based on the basis of objectives of the study. Following data collection, data was coded and a master data sheet was created. Statistical package for social sciences (IBM SPSS version 19), a statistical software for social sciences, was used to analyse the data. Data was gathered, tallied, and shown as tables, graphs, and figures.

The Shapiro-Wilk and Kolmogorov-Smirnov tests were utilized to check whether the data was normally distributed or not.

Analysis of the data for sociodemographic variables was done using frequency and percentage distribution.

For the assessment of pre-intervention and post-intervention anxiety levels of parents of children undergoing genitourinary surgery, frequency and percentage distribution were used.

Since the data were not found to be normally distributed, the Wilcoxon Signed Rank test was employed to compare the pre-intervention and post-intervention anxiety level scores in order to assess the efficacy of the parental partnership program.

Summary

The research approach, research design, variables, setting, population, sample and sample size, sampling criteria, sampling technique, data collection techniques, ethical consideration, tool description, pilot study, data collection procedure, and data collection plan were all covered in this chapter regarding the research methodology used for the current study. This study used a quantitative approach with pre- experimental research design with one group pre- test- post- test design and no control group were involved. Study was held in Paediatric Surgery ward of AIIMS, Bhopal by using the non probability convenient sampling technique fifty samples were included in the main study. Both descriptive and inferential statistics were used to analyse the data.

CHAPTER 4
RESULT

CHAPTER 4

RESULT

Following the completion of data collection, the researcher must analyse the data and make conclusions from it in order to convey results in the report. The results of the data collection, a description of the sociodemographic characteristics, acceptance or denial of the null or alternative hypothesis, assessing the efficacy of the interventions, and the identification of certain patterns among the variables are all included in this chapter. The data analysis was done in a way that aligned with the study's objectives.

Prior to being analysed using descriptive and inferential statistics in accordance with the study's objectives and hypothesis, the obtained data were first arranged and coded. **(ANNEXURE- 14)** Tables and bar diagram were used to evaluate the data obtained and provide results.

Organization of the findings-

The results of the current research study are divided into the following headings:

SECTION 1: Description of sociodemographic variables of parents and children undergoing genitourinary surgery.

SECTION 2: Description of pre- intervention anxiety level of parents of children undergoing genitourinary surgery.

SECTION 3: Description of post- intervention anxiety level of parents of children undergoing genitourinary surgery.

SECTION 4: Effectiveness of parental partnership programme by comparing the pre- intervention anxiety level score and post-intervention anxiety level score of parents of children undergoing genitourinary surgery.

SECTION 1: Description of sociodemographic variables of parents and children

This section deals with the description of the sociodemographic characteristics of the sample (parents and children undergoing genitourinary surgery) in terms of frequency and percentage.

Table 3: frequency and percentage distribution of parent's performa (n=50)

Socio- Demographic Variables		Experimental Group	
Parent's Performa	**Options**	**Frequency**	**Percentage**
Age of Parents	a) Up to 25 years	8	16
	b) 25-30 years	21	42
	c) 30- 35 years	12	24
	d) more than 35 years	9	18
Gender of parents	a) Male	22	44
	b) Female	28	56
	c) Other	0	0
Religion	a) Hindu	47	94
	b) Muslim	3	6
	c) Christian	0	0
	d) Others	0	0

Continued……

Socio- Demographic Variables		**Experimental Group**	
Parent's Performa	**Options**	**Frequency**	**Percentage**
Educational status	a) No formal education	2	4
	b) Secondary education	38	76
	c) Graduation	9	18
	d) Post graduation or above	1	2
Occupation	a) Home- maker	23	46
	b) Laborer	12	24
	c) Professional	4	8
	d) Any other	11	22
Residential area	a) Urban	23	46
	b) Rural	14	28
	c) Semi Urban	13	26

The data presented in the table shows that among 50 parents of children undergoing genitourinary surgery, 42% of the parents belong to the age group 25–30 years, 56% are female, 94% belong to the Hindu religion, 76% have secondary education, 46% are homemakers, and 46% live in urban areas.

Table 4: frequency and percentage distribution of child's performa (n=50)

Socio- Demographic Variables		Experimental Group	
Child's Performa	**Options**	**Frequency**	**Percentage**
Age	a)3-6 years	32	64
	b)6-9 years	2	4
	c)9-12 years	16	32
Gender	a) Male	39	78
	b) Female	11	22
	c)Others	0	0
Previous hospitalization of the child	a) yes	22	44
	b) no	28	56
History of any previous surgery	a) yes	13	26
	b) no	37	74

The data presented in the table shows that among 50 children undergoing genitourinary surgery, 64% belong to the age group of 3-6 years, 78% are male, 56% of the child has no previous hospitalization, and 74% have no history of previous surgery.

SECTION 2: Description of pre- intervention anxiety level of parents of children undergoing genitourinary surgery.

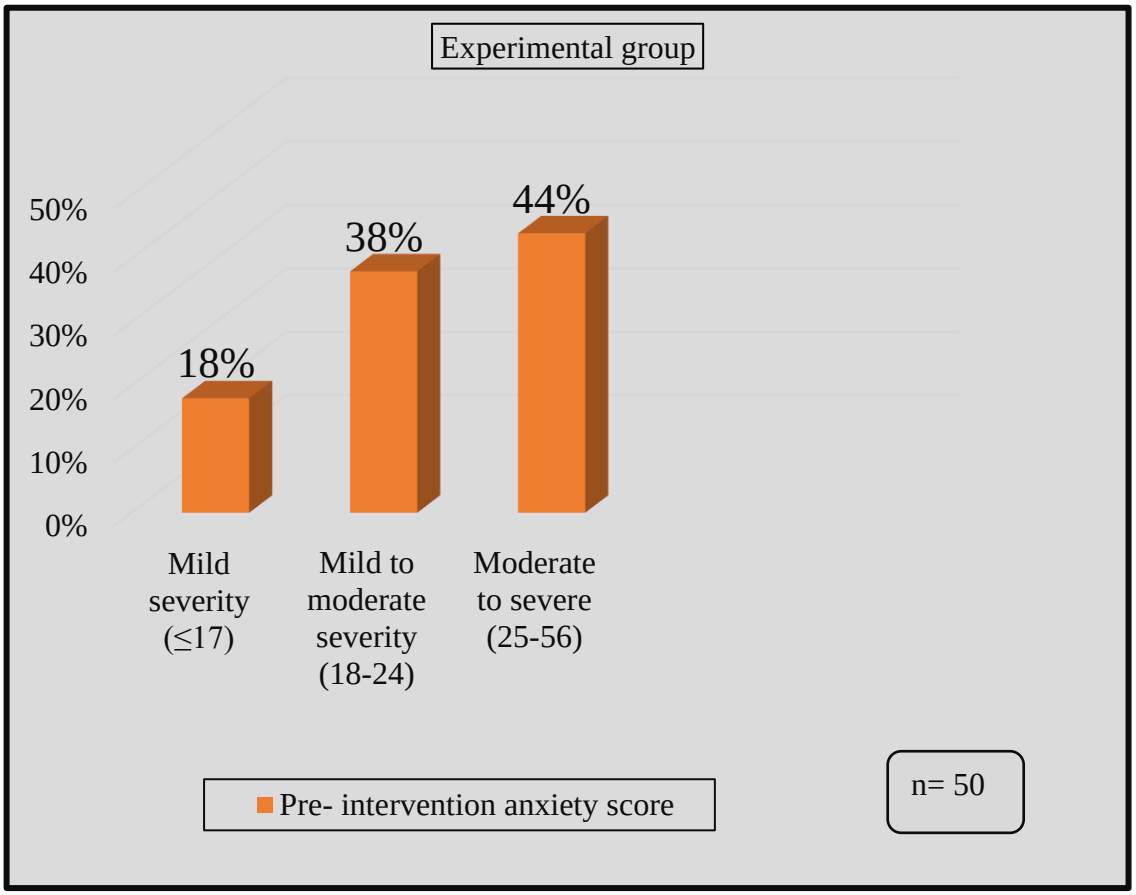

Figure 6: Distribution of pre- intervention anxiety level of parents of children undergoing genitourinary surgery.

A 3-D column bar diagram exhibits the pre-intervention anxiety level of parents of children undergoing genitourinary surgery. It shows that only 18% (9) of the parents had mild severity and a Hamilton Anxiety Rating Scale score ≤17. It shows that 44% (22) of the parents had moderate to severe anxiety and a Hamilton Anxiety Rating Scale score of 25–56. It also shows that 38% (19) of the parents had a mild to moderate severity of anxiety and a Hamilton Anxiety Rating Scale score of 18–24. The classification of anxiety was done according to the Hamilton Anxiety Rating Scale score. The score was

interpreted before providing the intervention parental partnership program to the experimental group.

SECTION 3: Description of post- intervention anxiety level of parents of children undergoing genitourinary surgery.

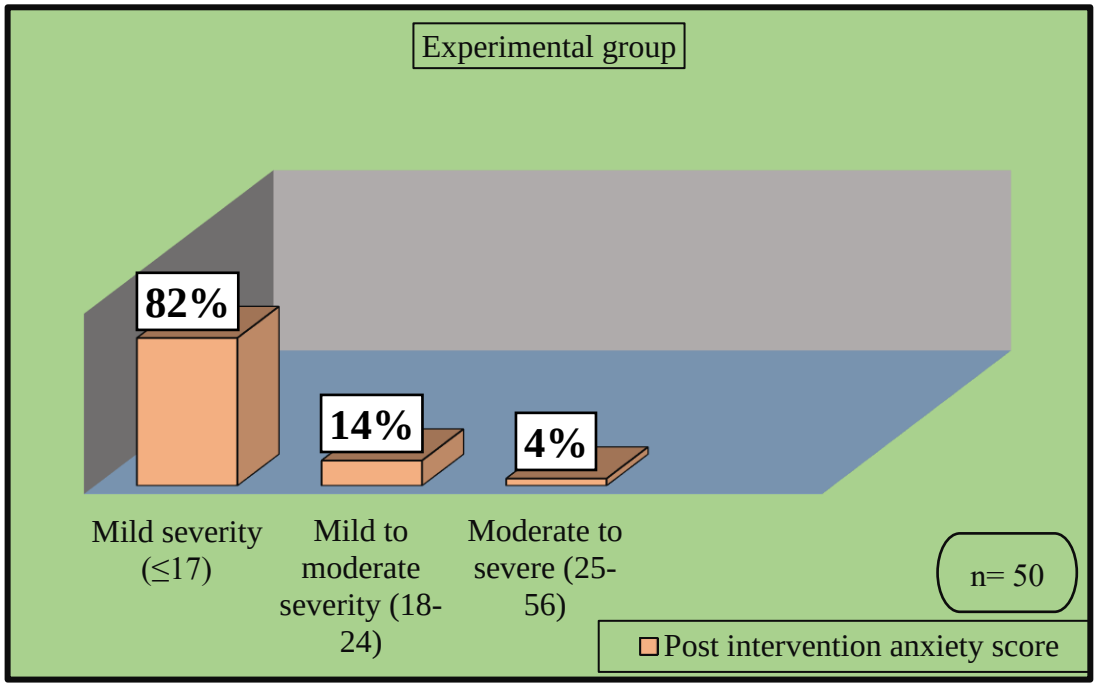

Figure 7: Distribution of post- intervention anxiety level of parents of children undergoing genitourinary surgery.

A 3-D column bar diagram shows the post-intervention anxiety level of parents of children undergoing genitourinary surgery. The anxiety level score was categorized based on the Hamilton Anxiety Rating Scale score after the intervention parental partnership program. There were 82% (41) of the parents with mild severity and a Hamilton Anxiety Rating Scale score ≤17. Further, it also shows that 14% (7) of the parents had mild to moderate severity of anxiety and a Hamilton Anxiety Rating Scale score of 18–24, while only 4% (2) of the parents had moderate to severe anxiety and a Hamilton Anxiety Rating Scale score of 25–56.

SECTION 4: Effectiveness of parental partnership programme by comparing the pre- intervention anxiety level score and post-intervention anxiety level score of parents of children undergoing genitourinary surgery.

Before applying the statistical test, the data were checked for normality, and based on the results, inferential statistics were applied.

Tests for normality

Kolmogorov-Smirnov test was used to assess the normality of the data.

Table 5: Normality of data **(n= 50)**

Sample	Variable	df	Kolmogorov-Smirnov test p value
Experimental group	Pre- test total score	50	0.041
	Post- test total score	50	0.019

Interpretation: The calculated p value is less than set p value (0.05) in the experimental group. This depicts that the data collected was not normally distributed.

Testing of hypothesis:

To find out the significance of median difference in anxiety score of parents of children undergoing genitourinary surgery in experimental group between pre- test score and post-test score, the following null hypothesis and alternate hypothesis was framed at 0.05 level of significance.

H_0 – There is no significant difference between pre- intervention and post- intervention anxiety level score of parents of children undergoing genitourinary surgery.

H_1- There is significant difference between pre- intervention and post- intervention anxiety level score of parents of children undergoing genitourinary surgery.

The data was found to be non-normal, p-value<0.05. Hence, Wilcoxon Signed Rank test was used to compare the median anxiety level before and after intervention and the results were given below:

Table 6: Comparison of the pre- intervention anxiety level score and post-intervention anxiety level score of parents of children undergoing genitourinary surgery. (n= 50)

Sample	Variable	Median (Q1, Q3)	Z Statistic	p value
Experimental group	Pre- test total score	24 (20,34)	6.16	<0.001
	Post- test total score	12 (8,16)		

Q1 & Q3 were first and third quartiles.

Interpretation: Here Q1 and Q3 were the first and third quartiles, and the average anxiety levels were significantly lower after intervention when compared to before intervention. This was found to be statistically significant, with a p-value <0.001 within the experimental group.

Therefore, **the null hypothesis is rejected and research hypothesis is supported at 0.05 level of significance. Hence it is concluded that parental partnership program is effective in reducing anxiety level among the parents of children undergoing genitourinary surgery.**

Summary:

This chapter had a detailed description of the findings of the study results after data collection and also discussed the applied statistical tests, whether descriptive or inferential. This chapter also deals with the characteristics of socio-demographic variables, acceptance and rejection of hypotheses, and effectiveness of the parental partnership program by comparing the pre-intervention anxiety level score and post-intervention anxiety level score of parents of children undergoing genitourinary surgery. Here, the data were interpreted in the form of pie diagrams, graphs, bar diagrams, funnel pictograms, and tables. And the parental partnership program has been found to be effective in reducing anxiety levels among the parents of children undergoing genitourinary surgery.

CHAPTER 5
DISCUSSION

CHAPTER 5

DISCUSSION

The main findings of the current study are presented in this chapter, together with a discussion of how they compare to the results of other researchers' studies, the study's limitations, its conclusion, and its implications for nursing.

The aim of the present study was to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal.

Major findings of the study:

1. The study reveals that 18% of parents of children undergoing genitourinary surgery have mild anxiety, 44% have moderate to severe anxiety, and 38% have mild to moderate anxiety before giving any intervention to the experimental group.
2. After the parental partnership program was given to the experimental group, the study discovered that 82% of parents had mild anxiety, 14% had mild to moderate anxiety, and only 4% had moderate to severe anxiety.
3. The average anxiety levels were significantly lower after intervention (median post -test total score- 12) when compared to before intervention (median pre -test total score- 24) and it is concluded that parental partnership program is effective in reducing anxiety level among the parents of children undergoing genitourinary surgery.

Discussion:

In accordance with the research objectives, the study's main findings are outlined and reviewed under the following sections:

1. Socio-demographic characteristics of parents of children undergoing genitourinary surgery
2. Anxiety level of parents of children undergoing genitourinary surgery
3. Effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery

Socio-demographic characteristics of parents of children undergoing genitourinary surgery

A study conducted in Chennai, India in the year 2016, to assess the effectiveness of pre operative orientation programme on post operative anxiety among the mothers of children undergoing cardiac surgery shows that in the experimental group, 36% of the participants were between the ages of 26- 32 years, 32% were between the ages of 18 to 25 years, 24% were between the ages of 33 - 40 years, and 8% were older than 40years. In terms of education, 44% of them had completed under graduate degree, 24% had completed secondary school, and 16% of the experimental group had completed both primary and higher secondary school. Regarding their employment situation, 16% of them were employed in the experimental group, while the remaining 84% were unemployed. In terms of religion, 44% of the mothers in the experimental group were Hindu and Christian, and 12% were Muslim.[39] Our research findings also show that the majority of the parents belong to the age group of 25–30 years, and 94% of the parents are from the Hindu religion.

Similar findings are reported in a study in Sohag University Hospital in the year 2021 in Egypt to assess the effect of educational guidelines on mothers' emotional status regarding children undergoing cardiac catheterization showed that the age range of 40% of the mothers in the study was between 21 and 26 years old. Of them, 71% were housewives, 25% had completed secondary education, and 83% lived in rural regions.[40] Also, in the current research study, majority (46%) of the parents were homemakers.

The findings of present study were also consistent with outcome of a cross-sectional study: prevalence and factors associated with preoperative parental anxiety among parents of children undergoing anaesthesia and surgery held in Ethiopia in year 2019 unveiled that almost 19% of parents had completed primary school, 14% had completed high school, and 39% had no formal education. Of the parents, around 46% lived in urban areas and 55% in rural areas. The age range of 30-39 years old comprised the majority of the parents included in the research. The majority of children are between the ages of 1-10 years. Approximately 77% of the children had no any history of previous hospital admission while 23% history of previous hospital admission. 78% no any history of previous surgical exposure while 22% had history of previous surgical exposure.[2] Moreover in the current research, the majority of the children had no history of previous hospitalization or previous surgery.

A similar finding in Yenepoya Medical College, Mangalore, Karnataka, India in the year 2016, with title impact of multimodal preoperative preparation program on parental anxiety disclosed that the majority of the parents in the intervention group (74.5%) were in the 30-39-year-old age group. The majority, or 99%, were women. 43.6% in the intervention group had only completed primary school. Most of parents were homemakers 45.5% in the intervention group. The majority of the parents lived in an

urban area (72.7%) of the intervention group.[13] Although in the current study, the majority (56%) of the parents were female.

A study held in Cairo University, Egypt in the year 2016, to assess the effect of preoperative instructions for mothers on selected postoperative outcomes among their children with hypospadias results revealed that 40% of the mothers in both groups were between the ages of 25 to 30 years. Half of the women in the research group were not read or write. Around 88% of the mothers in the research group had working outside the house. Conversely, 100% of the mothers in the control group were housewives.[58] This study has contradictory findings, as in the current study, the majority of the parents had completed secondary education.

Anxiety level of parents of children undergoing genitourinary surgery

Findings are reported in Sohag University Hospital in the year 2021 in Egypt, in a study to assess the effect of educational guidelines on mothers' emotional status regarding children undergoing cardiac catheterization showed that 60% of mothers had severe anxiety, 18% had mild anxiety, 9% had moderate anxiety before intervention and after intervention 57% had moderate anxiety, 16% had mild anxiety while only 13% had severe anxiety.[40] As well as in our study, after the intervention, minority (4%) of the parents had severe anxiety.

The findings of present study were in line with outcome of a cross-sectional study: prevalence and factors associated with preoperative parental anxiety among parents of children undergoing anaesthesia and surgery held in Ethiopia in year 2019 unveiled that overall prevalence of parental anxiety was around 74%.[2]

A similar study in Duchess of Kent Children's Hospital, Hong Kong in the year 1996, attempts to identify the incidence and specific sources of anxiety in the parents of children identified to hospital, for elective surgery to assess pre-operative parental anxiety concluded that 47% of parents had an anxiety-related disease, and they were noticeably more worried about every facet of their children' hospital stays than other parents.[34] Our study findings are also in line with a single-centre cohort study conducted in the year 2022 in Poland, to assess the factors related to anxiety in paediatric patients and their parents before and after a modified Ravitch procedure evident that preoperative anxiety in the parents was found to be moderate in 42.1% of instances and severe in 43.7% of cases.[37]

A contradictory finding perceived in the study conducted in Chennai, India in the year 2016, to assess the effectiveness of pre operative orientation programme on post operative anxiety among the mothers of children undergoing cardiac surgery shows that in the experimental group in the experimental group, 75% of participants reported moderate anxiety, 28% reported mild anxiety, and none of them reported severe anxiety before intervention.[39] Our study has contradictory findings, as in the current study, the majority (44%) of the parents had severe anxiety and a minority (18%) of the parents had mild anxiety before intervention.

The result of the above studies indicates that parents have anxiety before surgery for their children.

Effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery

Findings from a study held in Chennai, India in the year 2016, depicts the effectiveness of pre operative orientation programme on post operative anxiety among the mothers of

children undergoing cardiac surgery as findings from the study suggest that there was a statistically significant difference between the experimental and control groups at $p<0.05$.[39] In light of the current study's findings, the average anxiety levels were significantly lower after intervention when compared to before intervention (p-value <0.001) within the experimental group, this was found to be statistically significant. Hence it is reached the determination that parental partnership program is effective in reducing anxiety level among the parents of children undergoing genitourinary surgery.

Similarly, a study from Egypt in the year 2021, assessed the effect of educational guidelines on mothers' emotional status regarding children undergoing cardiac catheterization. Results from the study showed that the study revealed that mothers' overall mean scores for depression, anxiety, and stress were significantly higher prior to the implementation of educational guidelines. However, following the guidelines' implementation, there was a highly statistically significant decrease in mothers' overall mean scores for these conditions.[40]

A study from Morgantown, West Verginia in the year 2017, the effectiveness of video education on pre-operative parental knowledge and anxiety suggests that parental state anxiety levels pre and post test showed a significant change ($p = 0.000$). Hence, it shows the efficacy of video education in reducing the pre- operative parental anxiety.[28] This is also consistent with our study findings.

A single centre randomized control trial: effect of multimedia teaching tools in parental anxiety and comprehension of informed consent procedure in paediatric surgical procedures held in AIIMS, Jodhpur, India in the year 2020. It was shown in the result of the study that there was a statistically significant difference in the percentage fall in the state anxiety score between Multimedia tool groups & conventional group ($p < 0.0001$).

Therefore, it can be concluded that the consent procedure assisted by multimedia tools effectively lowers parental anxiety.[59] Therefore, as demonstrated by the current research study, this study supports the utility of intervention before the surgery in lowering parental anxiety.

Similarly, findings of systematic review and meta-analysis: effectiveness of family-centred educational interventions in the anxiety, pain and behaviours of children/adolescents and their parents' anxiety in the perioperative period published in the year 2022, indicated that family-centred educational interventions likely result in a significant decrease in parental and child anxiety and enhance the behaviour of the children during the induction of anaesthesia.[60]

The present study's findings are consistent with a study in Mangalore, Karnataka, India conducted in the year 2016, with title impact of multimodal preoperative preparation program on parental anxiety. Since results shows that parental anxiety scores in the intervention group were considerably lower than those in the control group ($P < 0.05$).[13]

A study conducted in the year 2022 in Taichung, Taiwan, on impact of educational videos on maternal anxiety caused by children's heart surgery it had been shown that mothers' anxiety on the day of discharge and after education reduced more if a digital video disc was included, compared to only routine teaching. Compared to mothers getting just routine education, the anxiety levels of mothers whose children experienced surgery or post-surgical difficulties on the day of discharge decreased more if they viewed the digital video disc (p-value .001).[61] Consequently, the results of the current research study are supported by this research.

A contradictory study found, which was held in United States in the year 1996, aimed to evaluate the effectiveness of a behavioural- preparation program on reducing anxiety in

143 children and their parents prior to elective surgery. The result shows there was no statistically significant difference in the level of overall anxiety among parents and children in the group that went through the preoperative program compared to the group that did not.[47]

Limitations of the study:

1. The study focused on providing a parental partnership program to parents only and before surgery, not to children undergoing genitourinary surgery.
2. There is no any control group in this study.
3. This study is done as an academic project, limited to confined time and setting.

Implications of the study

1. Nursing personnel should assess and manage the anxiety of the parents before genitourinary surgery of the child.
2. The intervention parental partnership program should be recommended to reduce anxiety of parents before genitourinary surgery of their children.

Conclusion

From the findings of the study, it can be concluded that parents of children undergoing surgery were anxious about their children's surgery and anxiety was reduced after parental partnership program. The parental partnership program on the anxiety level of parents of children undergoing genitourinary surgery was found to be effective in reducing the anxiety levels of parents.

Recommendations

The researcher suggests the following recommendations for further research:

1. The intervention parental partnership program could be given in surgeries other than genitourinary surgery.
2. A similar study could be done in other paediatric settings as a multicentric study to determine the generalizability of the study.
3. A similar study could be done with a large sample size and mixed methodology to assess the experience of parents.
4. The same study could be done with other modalities like video, teaching-learning activities, demonstrations, checklists, etc.

Summary

This chapter discusses the study's significant findings, its comparison to other studies, and the limitations, implications and recommendations for future research. It also includes studies on the same topic, revealing similar and contradictory results. The chapter also addresses the study's conclusion.

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ANNEXURES

ANNEXURE- 1

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020 Received No. 11359 Date: 16/9/23 21/9/23

NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020 Dispatch No. 10798 Date: 18/9/22

DEAN (Nursing/Paramedics), Office AIIMS, BHOPAL (M.P.) 462020 Received No. 516 Date: 18/9/23 20/9/23

DEAN (Nursing) AIIMS, BHOPAL (M.P.) Dispatch No. 445 Date: 18/9/23 21/9/23

From,
Akanksha Anjali
M.Sc. Nursing Student (2022-2024 batch) Nursing College, AIIMS Bhopal

To,
The Medical Superintendent
AIIMS, Bhopal.

(Through proper channel)

Subject-Letter seeking permission for conducting Research study at AIIMS Bhopal.

Respected Sir/Madam,

Receipt: 4224 MSO/AIIMSBPL Dated: 19/9/23

As a part of the curriculum, myself Akanksha Anjali M.Sc. Nursing student, AIIMS, Bhopal conducting a Research study titled ***"A pre- experimental study to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."***

The study is approved by the IHEC-SR of AIIMS Bhopal and LOP has been received for the same (Enclosed).

I seek your permission for the data collection for research study (Pilot study and main study) from pediatric surgery department (Pediatric Surgery ward, OPD, Pediatric Surgery ICU, PICU).

Dispatch: 4224 MSO/AIIMSBPL Dated: 20/9/23

Kindly grant permission for the same. I shall be obliged to you.
Submitted for your kindly perusal.

Permitted. Shashank Dean(Acad)

Thanking you.
Akanksha Anjali
(Student Investigator)
(+91- 7033850641)
akankshaa.mscnursing22@aiimsbhopal.edu.in

Dr. Mamta Verma
Associate Professor
Cum I/C Principal
Nursing college
AIIMS, Bhopal
GUIDE

18/9/23

Dr. Jisa George 16/9/2023
Assistant Professor
Nursing college
AIIMS, Bhopal
CO-GUIDE

Dr Roshan Chanchlani 16/9/23
Associate Professor
Department of pediatric surgery
AIIMS, Bhopal
CO-GUIDE

डॉ. रोशन चंचलानी/Dr. Roshan Chanchlani
एम.एस.,एम.सी.एच (बाल शल्य चिकित्सा)/MS,MCh(Paediatric Surg)
सह प्राध्यापक/Associate Professor
शिशु शल्य चिकित्सा विभाग
DEPARTMENT OF PAEDIATRIC SURGERY
AIIMS, BHOPAL-462020/एम्स, भोपाल-462020

Dr. Mamta Verma
Associate Professor, I/C Principal
Nursing College , AIIMS Bhopal

Enclosure-
1. Research Proposal
2. LOP From IHEC-SR, AIIMS, Bhopal.

Forwarded through Associate Dean X/18/9/

For approval please. 18.09.23 MS

ANNEXURE- 2

DATA COLLECTION TOOLS (ENGLISH)

Self-structured Questionnaire: Socio-demographic variables

Standardized Questionnaire: Hamilton Anxiety Rating Scale

SECTION A: SOCIODEMOGRAPHIC VARIABLES

(Section A is subdivided into parent's Performa and child's Performa.)

Parent's Performa:

1. Age	a) Up to 25 years b) 25-30 years c) 30- 35 years d) more than 35 years
2. Gender	a) Male b) Female c) Other
3. Religion	a) Hindu b) Muslim c) Christian d) Others
4. Educational Status	a) No formal education b) Secondary education c) Graduation d) Post graduation or above
5. Occupation	a) Home maker b) Laborer c) Professional d) Any other

6. Residential area	a) Urban b) Rural c) Semi Urban

Child's Performa:

7. Age	a) 3-6 years b) 6-9 years c) 9-12 years
8. Gender	a) Male b) Female c) Others
9. Previous hospitalization of the child	a) yes b) no
10. History of any previous surgery	a) yes b) no

SECTION B. HAMILTON ANXIETY RATING SCALE

S.N.	Symptoms	Not Present (0)	Mild (1)	Moderate (2)	Severe (3)	Very severe (4)
1.	Anxious mood (Worries, anticipation of the worst, fearful anticipation, irritability)					
2.	Tension (Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.)					
3.	Fears (Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.)					
4.	Insomnia (Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors)					
5.	Intellectual (Difficulty in concentration, poor memory.)					
6.	Depressed mood (Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing)					

7.	Somatic [muscular] (Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.)					
8.	Somatic [sensory] (Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.)					
9.	Cardiovascular symptoms (Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.)					
10.	Respiratory symptoms (Pressure or constriction in chest, choking feelings, sighing, dyspnea)					
11.	Gastrointestinal symptoms (Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.)					
12.	Genitourinary symptoms (Frequency of micturition, urgency of micturition, amenorrhea,					

	menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.)					
13.	Autonomic symptoms (Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.)					
14.	Behavior at interview (Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.)					

A five- point scale was used, a score of 0 is used for not present, score of 1 is used for mild, score of 2 is used for moderate, score of 3 is used for severe and a score of 4 is used for very severe. The maximum score possible is 56 and according to the total score obtained they will be categorized as follows:

Category	Score
Mild severity	≤17
Mild to moderate Severity	18-24
Moderate to severe	25-56

ANNEXURE- 3

DATA COLLECTION TOOLS (HINDI)

<u>उपकरण</u>

उपकरणों का विवरण:

उपकरण को दो वर्गों में विभाजित किया गया है। सेक्शन ए में सामाजिक- जनसंख्यिकीय परफोर्मा है और सेक्शन बी में हेमिल्टन चिंता रेटिंग स्केल है।

सेक्शन ए: सामाजिक- जनसंख्यिकीय परफोर्मा

देखभालकर्ता का परफोर्मा:

1. उम्र	क)25 वर्ष तक ख)25-30 वर्ष ग)30-35 वर्ष घ)35 वर्ष से अधिक
2. लिंग	क) पुरुष ख) महिला ग)अन्य
3. धर्म	क) हिन्दू ख) मुस्लिम ग) ईसाई घ) अन्य
4. शैक्षिक योग्यता	क) कोई औपचारिक शिक्षा नहीं ख) माध्यमिक शिक्षा ग) स्नातक शिक्षा घ) स्नातकोत्तर या उससे ऊपर
5. व्यवसाय	क) होममेकर ख) मजदूर ग) प्रोफेशनल घ) कोई अन्य

6. आवासीय क्षेत्र	क) शहरी ख) ग्रामीण ग) अर्ध शहरी

बच्चे का परफोर्मा:

7. उम्र	क) 3-6 वर्ष ख) 6-9वर्ष ग) 9-12 वर्ष
8. लिंग	क) पूरूष ख) महिला ग) अन्य
9. बच्चे का पूर्व में अस्पताल में भर्ती होना	क) हां ख) नहीं
10. बच्चे का पूर्व में कोई सर्जरी का इतिहास	क) हां ख) नहीं

सेक्शन बी: हैमिल्टन चिंता रेटिंग स्केल

क्र. सं.	**लक्षण**	**मौजूद नहीं है** [0]	**बहुत ही कम** [1]	**संतुलित** [2]	**गंभीर** [3]	**बहुत गंभीर** [4]
1.	चिंतित मनोदशा: चिंताएं, सबसे बुरे की संभावना, भयभीत संभावना, चिड़चिड़ापन					
2.	तनाव: तनाव की भावना, थकान, चौंका देने वाली प्रतिक्रिया, आसानी से रोने लगना, कांपना, बेचैनी की भावना, आराम करने में असमर्थता।					
3.	डर: अंधेरे का, अजनबियों का, अकेले छोड़े जाने का, जानवरों का, ट्रैफिक का, भीड़ का।					
4.	अनिद्रा: सोने में कठिनाई, टूटी हुई नींद, असंतोषजनक नींद और जागने पर थकान, सपने, दुःस्वप्न, रात का डर					
5.	बौद्धिक: एकाग्रता में कठिनाई, खराब याददाश्त।					
6.	उदास मनोदशा: रुचि में कमी, शौक में आनंद की कमी, अवसाद, जल्दी जागना, दिनभर झूलना।					

7.	<u>दैहिक (मांसपेशी):</u> दर्द और मरोड़, जकड़न, अनैच्छिक रूप से मांसपेशियों में झटका लगने का अनुभव, दांत पीसना, अस्थिर आवाज, मांसपेशियों में वृद्धि।					
8.	<u>दैहिक (संवेदी):</u> कान बजना, दृष्टि का धुंधला होना, अत्यधिक गर्म और ठंडा महसूस होना, कमजोरी की भावना, चुभन की अनुभूति।					
9.	<u>हृदयवाही संबंधी लक्षण:</u> हृदय का तेजी से धड़कना, सीने में दर्द, रक्त वाहिकाओं का फड़कना, बेहोशी की अनुभूति, धड़कन न होना।					
10.	<u>श्वसन संबंधी लक्षण</u>: छाती में दबाव या कसाव, घुटन की भावना, आहें भरना, श्वास में कष्ट।					
11.	<u>पाचन तंत्र संबंधी लक्षण:</u> निगलने में कठिनाई, पेट में दर्द, जलन, पेट की परिपूर्णता, मतली, उल्टी, आंतो से गड़ गड़ का आवाज आना , आंतों का ढीलापन, वजन कम होना, कब्ज।					

12.	<u>जेनिटोयूरिन तंत्र से संबंधित लक्षण:</u> बार बार पेसाब का आना, तुरंत पेशाब जाने की इच्छा, माहवारी का नहीं आना, रुक रुक कर माहवारी का आना, शीघ्रपतन, कामेच्छा में कमी, नपुंसकता।					
13.	<u>तंत्रिका तंत्र से संबंधित लक्षण</u>: सूखे मुंह, चेहरे का लाल होना, पीलापन, पसीना आना, चक्कर आना, तनाव, सिरदर्द, रोंगटे खड़े होना।					
14.	<u>साक्षात्कार में व्यवहार:</u> बेचैनी, हाथों का कांपना, माथे में झुर्रियां पड़ना/ सिकन पड़ना, तनावग्रस्त चेहरा, आहें भरना या तेजी से सांस लेना, चेहरे का पीलापन तथा बार बार निगलना आदि।					

प्रत्येक आइटम को पांच-बिंदु अनुपात पैमाने के आधार पर स्वतंत्र रूप से स्कोर किया जाता है। 0 की रेटिंग इंगित करती है कि रोगी में भावना मौजूद नहीं है। 1 की रेटिंग रोगी में भावना के हल्के प्रसार को इंगित करती है। 2 की रेटिंग रोगी में भावना के मध्यम प्रसार को इंगित करती है। 3 की रेटिंग रोगी में भावना की गंभीर व्यापकता को इंगित करती है। 4 की रेटिंग रोगी में भावना की बहुत गंभीर व्यापकता को इंगित करती है। यह गणना 0 से 56 की सीमा में एक व्यापक स्कोर प्राप्त करेगी।

<u>श्रेणी</u>	<u>स्कोर</u>
हल्की चिंता	≤17
मध्यम चिंता	18-24
मध्यम से गंभीर चिंता	25-56

ANNEXURE- 4

LIST OF EXPERTS FOR CONTENT VALIDATION OF THE TOOLS

S. N.	Name of Experts	Designation and Institution
1.	Dr. Anuradha Kushwah	Child Psychologist, Department of Psychiatry, AIIMS Bhopal
2.	Dr. Pramod Kumar Sharma	Additional Professor & In-charge, Department of Paediatric Surgery, AIIMS Bhopal.
3.	Dr. Reyaz Ahmad	Additional Professor, Department of Paediatric Surgery, AIIMS Bhopal.
4.	Dr. Amit Gupta	Associate Professor, Department of Paediatric Surgery, AIIMS Bhopal.
5.	Dr. Suresh K Tanneeru	Assistant Professor, Department of Paediatric Surgery, AIIMS Bhopal.
6.	Dr. Girish C Bhatt	Associate Professor, Department of Paediatric Medicine, AIIMS Bhopal
7.	Dr. Mahesh Maheshwari	Professor (MD) Paediatrics, Department of Paediatric Medicine, AIIMS, Bhopal.
8.	Dr. Yogendra K Singh	Associate Professor, Department of Paediatric Medicine, AIIMS, Bhopal.
9.	Dr. Amber Kumar	Assistant Professor, Department of Paediatric Medicine, AIIMS, Bhopal.
10.	Dr. Priya Gogiya	Assistant Professor, Department of Paediatric Medicine, AIIMS, Bhopal.
11.	Dr. Malar Kodi S	Assistant Professor, Paediatric Nursing, AIIMS Rishikesh
12.	Mrs. Ramya Shanmugam	Assistant Professor, Paediatric Nursing, AIIMS Patna
13.	Mr. Naveen Kumar Sharma	Assistant Professor, Mental Health Nursing, AIIMS Patna
14.	Ms. Levis Murry	Associate Professor, Child Health Nursing, AIIMS Delhi
15.	Mrs. Joyce Joseph	Assistant Professor, Child Health Nursing, AIIMS Raipur

16.	Dr. J Jeayareka	Assistant Professor, Mental Health Nursing, AIIMS Raipur
17.	Dr. Binu Mathew	Professor cum Principal, College of Nursing, AIIMS, Raipur
18.	Parul Dutta	Former Principal Nursing Officer Independent Nursing Professional Neonatal & Paediatric Nursing Faculty Vice President of Indian Association of Neonatal Nurses (IANN)

ANNEXURE- 5

LETTER REQUESTING EXPERTS' OPINION AND SUGGESTIONS FOR THE CONTENT VALIDITY OF TOOL AND INTERVENTION

Letter Requesting Experts Opinion and Suggestions for The Content Validity of Research Tool

Date:

From,

Akanksha Anjali

M.Sc. Nursing (Batch 2022-24)

Nursing college, AIIMS Bhopal.

To,

.....

.....

Subject: Requesting the expert's opinion and suggestion for the content validity of research tool

Respected Sir/ Madam,

I, Akanksha Anjali, M.Sc. Nursing (Batch 2022-24) student of Child Health Nursing at Nursing College of AIIMS Bhopal. I have selected the topic mentioned below for my dissertation to be submitted as partial fulfilment of M.Sc. Nursing Degree Programme, at the Nursing college, AIIMS Bhopal.

Title of the study: "A pre- experimental study to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."

In this regard I have prepared the tool for sociodemographic variables that is subdivided into Parent's Performa and Child's Performa. For the anxiety assessment I shall use Hamilton Anxiety Rating Scale i. e. available in public domain. I have made a plan for parental partnership program for each day for parents of children undergoing genitourinary surgery.

Kindly go through the tool and give your valuable remarks and suggestion for any modification needed in the content. I shall be grateful to you for your valuable remarks and suggestions. Thanking you.

Enclosed with: brief synopsis, research tool, criteria checklist for content validity of the tool, certificate of validation.

Your sincerely,
Akanksha Anjali
M.Sc. Nursing (Batch 2022-24)

Akanksha
11-09-23

Guide
Dr. Mamta Verma
Associate Professor cum I/C Principal
Nursing College, AIIMS Bhopal.

11/9/2023

ANNEXURE- 6

EVALUATION CRITERIA FOR VALIDATION OF THE TOOL

Respected Experts,

I need your valuable judgement on the degree of relevancy of each item to measured domains. If there are any suggestions and modifications, please mention them in remarks section. Your expert opinion and kind cooperation will be highly appreciated.

This study consists Self- structured tool for sociodemographic variables of parent and admitted child, which consists of 10 items divided into Parent's Performa and Child's Performa. Parental partnership program which is 5 days mutual interactive session with parents and feedback for each day will be taken.

Details of each day and activity of Parental partnership program:

Day	Activity
Day 1	Negotiation and mutual interaction of researcher and parents
Day 2	An agreement to clarify the parent's roles and to state their level of participation
Day 3	Enhancement of awareness regarding post-operative child care monitoring
Day 4	Involving the parents in caregiving
Day 5	Feedback & post- test will be taken from parents.

Section A: The self-structured questionnaire to assess sociodemographic data of the Parent and admitted child, which consists of 10 items divided into Parent's Performa and Child's Performa.

Parent's Performa:

It consists of six items of Parent's socio-demographic profile.

Item Number	**Highly Relevant 4**	**Quite relevant 3**	**Somewhat relevant 2**	**Not Relevant 1**	**Remark**
1.					
2.					

3.					
4.					
5.					
6.					

Child's Performa:

It consists of four items to assess information about admitted child.

Item Number	**Highly Relevant 4**	**Quite relevant 3**	**Somewhat relevant 2**	**Not Relevant 1**	**Remark**
7.					
8.					
9.					
10.					

Dear Expert,

The Parental Partnership Program contains 5 days activity. We need your expert judgement on degree of relevancy of each item. If there are any suggestions, please mention in the remark column.

Each day activity for Parental Partnership Program

Day	**Highly Relevant 4**	**Quite relevant 3**	**Somewhat relevant 2**	**Not Relevant 1**	**Remark**
1.					
2.					
3.					
4.					
5.					

ANNEXURE- 7

CONTENT VALIDATION CERTIFICATE

This is to certify that tool for sociodemographic variables and the 5 days activity for Parental Partnership Program constructed by Akanksha Anjali, M.Sc. Nursing 2022-24 batch student, Nursing College, AIIMS Bhopal, to be used in her study titled – "**A pre- experimental study to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."** has been validated by me and is found to be **valid/ not valid.**

Overall Remark:

Signature:

Name of the Expert:

Designation:

Name of the Institution:

Official Seal:

Date:

Place:

ANNEXURE- 8

LANGUAGE TRANSLATION CERTIFICATE

CERTIFICATE OF TRANSLATION

TO WHOM IT MAY CONCERN

This is to certify that Ms. Akanksha Anjali, (Batch 22-24) M.Sc. Child health Nursing (Paediatric Nursing) student of Nursing College, AIIMS Bhopal is conducting research on topic ***"A pre- experimental study to assess the effectiveness of parental partnership programme regarding post operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."*** The Hindi version of Participant Information Sheet, Participant Informed Consent Form, Screening tool, Sociodemographic data, Hamilton Anxiety Rating Scale and content of Parental Partnership Programme for this study is a true and accurate translation of the English version and is valid to collect data for research.

Translation validated with some corrections

Seal & Signature: .....
Dr. Bhavna Pandey.
प्राध्यापक
शासकीय म.ल.ब. कन्या स्नातकोत्तर स्वशासी महाविद्यालय भोपाल (म.प्र.)

Name of the language expert: Dr. Bhavna Pandey.

Qualification: MA. Ph.D.

Designation: Professor.

Name of the institute: Govt. M.L.B College Bhopal.

Date: 27.9.2023

Place: Bhopal.

ANNEXURE- 9

CONTENT OF PARENTAL PARTNERSHIP PROGRAM (ENGLISH)

DAY	ACTIVITY	KEY AREAS TO BE ADDRRESSED	KEY ELEMENTS
Day1	Pre- test will be taken from parents.	❖ Pre -parental partnership program anxiety assessment	➢ Hamilton Anxiety Rating Scale will be administered.
	Negotiation and mutual interaction of researcher and parents	❖ Briefing about parental partnership program	➢ I Akanksha Anjali student of M.Sc. Nursing will discuss about meaning of genitourinary surgery, pre-operative care of genitourinary surgery, postoperative care, follow- up and fundamental care of genitourinary surgery that will be helpful for you during the care of your child. ➢ The whole discussion will be named as parental partnership program. It will be done in 3days, each day discussion will be done for 10minutes, 10minutes for re- addressal question and 10minutes for feedback sheet. ➢ Parental partnership program will be held 2 days before the day of surgery of the child. ➢ On the first day of parental partnership program, discussion will be held on briefing about parental partnership program and meaning of genitourinary surgery, pre- operative care and physical preparation of genitourinary surgery.

	An agreement to clarify the parent's roles and to state their level of participation in child care.	❖ Clarification of roles ○ Parents - Physical, psychological and supportive care	➢ Second day discussion will be extended towards the postoperative care of genitourinary surgery, follow-up and fundamental care of the child. ➢ On the end of each day session, re- addressal question sheet and feedback sheet will be given to the parents. ➢ Re- addressal question sheet will be collected after 10 minutes, and after that a feedback sheet will be distributed and will be collected on next day before starting the session and queries will be solved and then session will be started. ➢ On the third day, post- test will be taken and it will consist of same questionnaire as taken before starting of parental partnership program. <u>Meaning of genitourinary surgery:</u> Genitourinary surgery involves the surgery of kidneys, ureter, bladder, urethra, male genitalia and female genitalia. <u>Preoperative care of genitourinary surgery</u> - Before the surgery your child will be weighed. - Recording of pulse rate and temperature will be done. - There may be some type of investigations can be done for your child so, that it will be helpful to assess the condition of your child.

		○ Researcher - Enhancement of Knowledge ❖ Decision making ❖ Mutual agreement about planning of child care - Decision making about pre-operative care - Care on the day of surgery	- Before the surgery of your child, information related to surgery will be communicated to you either by doctor or by nurses. - You have to maintain hand hygiene as well as hygiene of the child, so that you and your child will be protected from the infection. - Before surgery your child's history related to any allergic reaction will be taken. <u>Physical preparation before genitourinary surgery:</u> - Before surgery, your child will be kept on nil per oral for 4-6 hours on the day of surgery, so that due to effect of anaesthesia your child will not face any problem regarding breathing. - Before surgery your child's physical examination will be done to find out any abnormality. - After the surgery there may be the chance that your child may be kept in recovery room or ICU so that monitoring of the child will be done. - As soon as your child's condition will become stable, he/she will be shifted to the ward from ICU. - Just before the surgery your child will be instructed to wear OT (Operation Theatre) dress and then will be shifted to the OT.

			➢ At the end re- addressal of parental concern and family interaction will be done, re- addressal question sheet and feedback sheet will be distributed to the parents.
Day2	Enhancement of awareness regarding post- operative child care monitoring.	❖ Encouraging parents to participate in the care of child. ❖ Explaining parents about the manner of care.	➢ Previous day feedback sheet will be collected, queries will be solved and then session will be extended forward. <u>Postoperative care of genitourinary surgery</u> - After the surgery, your child shouldn't have anything by mouth till the bowel movement. - Your child will be slowly moved to liquid diet and then normal diet based on the tolerance of the child. - Usually after the genitourinary surgery, child is having urinary catheter present. - Always ensure the empty of the urine collection bag till the 3/4th fullness of the bag, don't wait till the filling of full volume. - Avoid bathing the child after surgery for some weeks, as it soaks the surgical dressing and healing of the child may get affected. - There can be also the increased chance of infection at the surgical site due to surgical wound. - You can wipe your child's body with slight wet clothes avoiding the soaking of dressing.

	Involving the parents in caregiving to the child.	❖ Involving parents in fundamental care activities.	- At the surgical site if child is having any redness, itching or any kind of secretion then inform to the health care provider, as it can be the indicator of infection. - After the surgery every 4-6 hourly turn your child and don't make crease over the bedsheet, as it may impair the skin integrity of the child. <u>Follow- up and fundamental care:</u> - You have to mobilize your child as much as possible after discharge. - You have to encourage your child for oral intake. - You have to encourage and support your child in oral care. - You have to give medication to your child on time. - You have to take care of surgical wound of your child. - You have to provide assistance with the use of the toilet if needed for your child. ➢ Readdressal and feedback from parents. Re- adressal question sheet and feedback sheet will be distributed to the parents.
Day3	Post- test will be taken from parents.	Post -parental partnership program anxiety assessment	❖ Previous day feedback sheet will be collected, queries will be solved and then session will be extended forward. ❖ Hamilton Anxiety Rating Scale will be administered.

FIRST DAY RE- ADDRESSAL QUESTION	SECOND DAY RE- ADDRESSAL QUESTION
1. Complete the sentence Genitourinary surgery involves the organ……. 2. Identify the sentences as true and false Before the surgery a. Child will be weighed. b. Child's temperature will be recorded only after surgery of the child. c. Hand hygiene is necessary for parent's as well as child. d. No investigations are needed before surgery of the child. Select the correct option: 3. Before surgery for approximately how much hour child may be kept nil per oral: (i) 1-2 hours (ii) 4-6 hours (iii) 8-9 hours (iv) 10-11 hours 4. If any child's condition will become critical after surgery, then child will be shifted to: (i) OPD (ii) ICU (iii) Day care (iv) PMR ward 5. Let's discuss about the hygiene of the child…….	Select the correct option 1.Child's urine bag should be emptied when it is filled by (i) $1/4^{th}$ (ii)1/2th (iii) $3/4^{th}$ (iv) full volume 2. If the child is having redness, itching or any kind of secretion over the surgical site then what you will do: (i) dressing of the child (ii) inform to the health care provider (iii) wait for sign and symptoms to resolve (iv) this is normal 3. Answer the statement as yes/ no (i) Is it necessary to change the position of the child. (ii) Is it okay to have crease over the bed of child. (iii) Whether you have to give your child anything by mouth till the bowel movement of child. 4. Select all that applies: (i) I will restrict my child to bed. (ii) I will encourage my child to take fluid orally. (iii) I will support my child in oral care. (iv) There is no any assistance required by the child while going to toilet after discharge. 5. Let's talk about the diet after surgery of the child……

FEEDBACK SHEET FOR FIRST DAY OF PARENTAL PARTNERSHIP PROGRAM			FEEDBACK SHEET FOR SECOND DAY OF PARENTAL PARTNERSHIP PROGRAM		
DAY	**TOPIC**	**YOUR THOUGHTS/ QUERIES**	**DAY**	**TOPIC**	**YOUR THOUGHTS/ QUERIES**
Day 1	→ Parental partnership program → Meaning of genitourinary surgery → Pre- operative care of genitourinary surgery • Investigation of the child • Information related to surgery of the child. • Hygiene of child as well as parents → Physical preparation before genitourinary surgery • OT dress, and transfer to OT		Day 2	→ Postoperative care of genitourinary surgery • Diet after surgery of the child • Urinary catheter • Emptying of urine bag • Bathing of the child after surgery • Infection over the surgical site • Changing the position of the child. → Follow- up and basic care • Medication • Assistance to the child in daily activity.	

ANNEXURE- 10

CONTENT OF PARENTAL PARTNERSHIP PROGRAM (HINDI)

<u>अभिभावक सहयोग कार्यक्रम</u>

दिवस	गतिविधि	प्रमुख भाग जिन पर ध्यान दिया जाना है	महत्वपूर्ण तथ्य
प्रथम दिवस	शोधकर्ता और अभिभावकों की बातचीत और परस्पर संवाद	अभिभावक सहयोग कार्यक्रम के बारे में जानकारी	➢ मैं आकांक्षा अंजलि एम.एससी नर्सिंग की छात्रा हूं। मैं आपसे जेनिटोयूरिन सर्जरी के अर्थ, जेनिटोयूरिन सर्जरी की के पूर्व की देखभाल, उसके बाद की देखभाल, उसका पालन करने तथा मूलभूत देखभाल के बारे में चर्चा करूंगी जो आपके बच्चे की देखभाल के दौरान आपके लिए सहायक होगी। ➢ पूरी चर्चा को अभिभावक सहयोग कार्यक्रम का नाम दिया जाएगा, यह 3 दिनों में किया जाएगा, प्रत्येक दिन 10 मिनट की चर्चा होगी, 10 मिनट पुनः-संबोधन प्रश्न के लिए और 5 मिनट फीडबैक शीट के लिए होंगे। ➢ अभिभावक सहयोग कार्यक्रम बच्चे की सर्जरी के दिन से 2 दिन पहले आयोजित किया जाएगा। ➢ अभिभावक सहयोग कार्यक्रम के पहले दिन, अभिभावक सहयोग कार्यक्रम के बारे में, जेनिटोयूरिन सर्जरी के अर्थ, जेनिटोयूरिन सर्जरी की के पूर्व की देखभाल और जेनिटोयूरिन सर्जरी की शारीरिक तैयारी के बारे में जानकारी देने पर चर्चा की जाएगी। ➢ दूसरे दिन की चर्चा को जेनिटोयूरिन सर्जरी की बाद की देखभाल, उसका पालन करने तथा बच्चे की मौलिक मूलभूत देखभाल तक बढ़ाया जाएगा।

	माता-पिता की भूमिकाओं को स्पष्ट करने और उनकी भागीदारी के स्तर को बताने के लिए एक समझौता	❖ भूमिकाओं का स्पष्टीकरण o अभिभावक - शारीरिक, मनोवैज्ञानिक और सहायक देखभाल o शोधकर्ता - ज्ञान की वृद्धि - निर्णय लेना	➢ प्रत्येक दिन के सत्र के अंत में, अभिभावकों को पुनः संबोधित प्रश्न पत्र और फीडबैक पत्र दिया जाएगा। ➢ 10 मिनट के बाद पुनः संबोधित प्रश्न पत्र एकत्र किया जाएगा और उसके बाद एक फीडबैक शीट वितरित की जाएगी और अगले दिन सत्र शुरू होने से पहले एकत्र की जाएगी और प्रश्नों का समाधान किया जाएगा और फिर सत्र शुरू किया जाएगा। ➢ तीसरे दिन, पोस्ट टेस्ट लिया जाएगा और इसमें वही प्रश्नावली शामिल होगी जो अभिभावक सहयोग कार्यक्रम शुरू होने से पहले ली गई थी। **<u>जेनिटोयूरिन सर्जरी का अर्थ:</u>** जेनिटोयूरिन सर्जरी में किडनी, मूत्रवाहिनी, मूत्राशय, मूत्रमार्ग, पुरुष जननांग और महिला जननांग की सर्जरी शामिल होती है। **<u>जेनिटोयूरिन सर्जरी की प्रीऑपरेटिव देखभाल</u>** - सर्जरी से पहले आपके बच्चे का वजन लिया जाएगा। - पल्स रेट/ हृदय की धड़कन और तापमान की रिकॉर्डिंग की जाएगी. - आपके बच्चे के लिए कुछ प्रकार की जांच की जा सकती है, जिससे आपके बच्चे की स्थिति का आकलन करने में मदद मिलेगी। - आपके बच्चे की सर्जरी से पहले आपको डॉक्टर या नर्स द्वारा सर्जरी से संबंधित जानकारी दी जाएगी। - आपको बच्चे की स्वच्छता के साथ-साथ हाथों की भी स्वच्छता रखनी होगी, जिससे आप और आपका बच्चा संक्रमण से बचे रहेंगे।

		❖ बच्चों की देखभाल की योजना के बारे में आपसी सहमति - सर्जरी से पहले देखभाल के बारे में निर्णय लेना - सर्जरी के दिन देखभाल	- सर्जरी से पहले आपके बच्चे का किसी भी एलर्जी प्रतिक्रिया से संबंधित इतिहास लिया जाएगा। **<u>जेनिटोयूरिन सर्जरी से पहले शारीरिक तैयारी:</u>** - सर्जरी से पहले आपके बच्चे को सर्जरी वाले दिन 4-6 घंटे तक मुंह के द्वारा कुछ भी नहीं दिया जाएगा, ताकि एनेस्थीसिया के प्रभाव से आपके बच्चे को सांस लेने में कोई परेशानी न हो। - सर्जरी से पहले किसी भी असामान्यता का पता लगाने के लिए आपके बच्चे की शारीरिक जांच की जाएगी। - सर्जरी के बाद हो सकता है कि आपके बच्चे को रिकवरी रूम या आईसीयू में रखा जाए ताकि बच्चे की निगरानी होती रहे। - जैसे ही आपके बच्चे की हालत स्थिर हो जाएगी, उसे आईसीयू से वार्ड में शिफ्ट कर दिया जाएगा - सर्जरी से ठीक पहले आपके बच्चे को ओटी (ऑपरेशन थिएटर) ड्रेस पहनने का निर्देश दिया जाएगा और फिर ओटी में स्थानांतरित कर दिया जाएगा। -अंत में माता-पिता की चिंता और पारिवारिक बातचीत का पुनर्संबोधन किया जाएगा, माता-पिता को पुनः-संबोधन प्रश्न पत्र और फीडबैक शीट वितरित की जाएगी।
द्वितीय दिवस	सर्जरी के बाद बच्चे की देखभाल की निगरानी के संबंध में जागरूकता बढ़ाना।	❖ माता-पिता को बच्चे की देखभाल में भाग लेने के लिए प्रोत्साहित करना। ❖ माता-पिता को देखभाल के तरीके के बारे में समझाना।	पिछले दिन की फीडबैक शीट एकत्र की जाएगी, प्रश्नों का समाधान किया जाएगा और फिर सत्र को आगे बढ़ाया जाएगा।

			<u>जेनिटोयूरिन सर्जरी की पश्चात देखभाल</u> - सर्जरी के बाद, आपको अपने बच्चे को पेट में उत्पन्न होने वाले वायु के निकलने तक मुंह से कुछ भी नहीं लेना चाहिए। - आपके बच्चे को धीरे-धीरे तरल आहार और फिर बच्चे की सहनशीलता के आधार पर सामान्य आहार की ओर ले जाया जाएगा। - आमतौर पर जेनिटोयूरिन के बाद बच्चे में यूरिनरी कैथेटर मौजूद होता है। - मूत्र /यूरिन संग्रहण बैग को हमेशा बैग के 3/4 भर जाने तक खाली करना सुनिश्चित करें, पूरी मात्रा के भरने तक इंतजार न करें। - सर्जरी के बाद कुछ हफ्तों तक बच्चे को नहलाने से बचें, क्योंकि इससे सर्जिकल ड्रेसिंग भीग जाती है और बच्चे की चिकित्सा प्रभावित हो सकती है। - सर्जिकल घाव के कारण सर्जिकल साइट पर संक्रमण की संभावना भी बढ़ सकती है। - ड्रेसिंग को भीगने से बचाते हुए आप अपने बच्चे के शरीर को हल्के गीले कपड़ों से पोंछ सकते हैं। - यदि सर्जरी वाली जगह पर बच्चे को कोई लालिमा, खुजली या किसी प्रकार का स्राव हो तो स्वास्थ्य देखभाल प्रदाता को सूचित करें, क्योंकि यह संक्रमण का संकेत हो सकता है। - सर्जरी के बाद हर 4-6 घंटे में अपने बच्चे को घुमाएं और बेडशीट पर सिलवट न बनाएं, क्योंकि इससे बच्चे की त्वचा में घाव हो सकता है।

	देखभाल में माता-पिता को शामिल करना।	❖ मूलभूत देखभाल गतिविधियों में माता-पिता को शामिल करना।	**<u>अस्पताल से छुट्टी के बाद की देखभाल और मूलभूत देखभाल:</u>** -डिस्चार्ज के बाद आपको अपने बच्चे को जितना हो सके सक्रिय रखना होगा। - आपको अपने बच्चे के मुंह के देखभाल के लिए प्रोत्साहित करना होगा। - आपको अपने बच्चे को मौखिक देखभाल के लिए प्रोत्साहित करना होगा और उसका समर्थन करना होगा। - आपको अपने बच्चे को समय पर दवा देनी होगी। - आपको अपने बच्चे के सर्जिकल घाव का ख्याल रखना होगा। - यदि आवश्यक हो तो आपको अपने बच्चे को शौचालय के उपयोग में सहायता प्रदान करनी होगी। -अभिभावक से पठन-पाठन की प्रतिक्रिया ली जाएगी, अभिभावक को पुनः-संबोधन प्रश्न पत्र और फीडबैक शीट वितरित की जाएगी।
तृतीय दिवस	इस कार्यक्रम के बाद अभिभावकों से जानकारी ली जाएगी।	अभिभावक सहयोग कार्यक्रम के बाद चिंता का मूल्यांकन किया जाएगा|	➢ पिछले दिन की फीडबैक शीट एकत्र की जाएगी, प्रश्नों का समाधान किया जाएगा और फिर सत्र को आगे बढ़ाया जाएगा। ➢ हैमिल्टन चिंता रेटिंग स्केल से जानकारी लिया जाएगा।

प्रथम दिवस पुनः-संबोधन प्रश्न पत्र	द्वितीय दिवस पुनः-संबोधन प्रश्न पत्र
1. वाक्य पूरा करें जेनिटोयूरिन सर्जरी में अंग शामिल होता है..... 2. वाक्यों को सत्य और असत्य के रूप में पहचानें सर्जरी से पहले क. बच्चे का वजन किया जाएगा. ख. बच्चे की सर्जरी के बाद ही बच्चे का तापमान दर्ज किया जाएगा। ग. हाथ की स्वच्छता माता-पिता के साथ-साथ बच्चे के लिए भी जरूरी है। घ. बच्चे की सर्जरी से पहले किसी जांच की जरूरत नहीं होती। सही विकल्प चुनें: 3. सर्जरी से पहले लगभग कितने घंटे तक बच्चे को मुंह के द्वारा कुछ भी नहीं दिया जाता है, क. 1-2 घंटे ख. 4-6 घंटे ग. 8-9 घंटे घ. 10-11 घंटे 4. यदि सर्जरी के बाद किसी बच्चे की हालत गंभीर हो जाएगी, तो बच्चे को स्थानांतरित कर दिया जाएगा: क. ओपीडी ख. आईसीयू ग. डे केयर घ. पीएमआर वार्ड 5. आइए बच्चे की स्वच्छता के बारे में चर्चा करें.....	सही विकल्प का चयन करें 1. बच्चे की पेशाब की थैली कितनी भर जाने पर उसे खाली कर देना चाहिए क. एक चौथाई भाग ख. आधा भाग ग. तीन चौथाई भाग घ. पूर्ण मात्रा 2. यदि बच्चे को सर्जरी वाली जगह पर लालिमा, खुजली या किसी प्रकार का स्राव हो रहा है तो आप क्या करेंगे: (i) बच्चे की ड्रेसिंग (ii) स्वास्थ्य देखभाल प्रदाता को सूचित करें (iii) संकेत और लक्षणों के ठीक होने की प्रतीक्षा करें (iv) यह सामान्य है| 3. कथन का उत्तर हां/नहीं में दें (i) क्या बच्चे का करवट बदलना आवश्यक है। (ii) क्या बच्चे के बिस्तर पर सिलवट होना ठीक है। (iii) क्या आपको अपने बच्चे को पेट में उत्पन्न होने वाले वायु के निकलने तक मुंह से कुछ भी देना उचित है। 4. वह कथन चुनें जो लागू हो: (i) मैं अपने बच्चे को बिस्तर तक ही सीमित रखूंगा/ रखूंगी। (ii) मैं अपने बच्चे को मुंह के द्वारा तरल पदार्थ लेने के लिए प्रोत्साहित करूंगा/ करूंगी। (iii) मैं बच्चे के मुंह के देखभाल में अपने बच्चे का समर्थन करूंगा/ करूंगी। (iv) हॉस्पिटल से छुट्टी होने के बाद शौचालय जाते समय बच्चे को किसी सहायता की आवश्यकता नहीं होती है। 5. आइए बात करते हैं बच्चे की सर्जरी के बाद के आहार के बारे में.....

अभिभावक सहयोग कार्यक्रम के लिए फीडबैक शीट			अभिभावक सहयोग कार्यक्रम के लिए फीडबैक शीट		
दिवस	**विषय**	**आपके विचार या सवाल**	**दिवस**	**विषय**	**आपके विचार या सवाल**
प्रथम दिवस	1. अभिभावक सहयोग कार्यक्रम 2. जेनिटोयूरिन सर्जरी का अर्थ 3. जेनिटोयूरिन सर्जरी से पूर्व की देखभाल → बच्चे की जांच → बच्चे की सर्जरी से सम्बंधित जानकारी → बच्चे के साथ-साथ माता-पिता की भी स्वच्छता 4. जेनिटोयूरिन सर्जरी से पहले की शारीरिक तैयारी → ओटी ड्रेस, और ओटी में स्थानांतरण		द्वितीय दिवस	जेनिटोयूरिन सर्जरी की पश्चात देखभाल → बच्चे की सर्जरी के बाद आहार → यूरिन कैथेटर → पेशाब की थैली का खाली होना → सर्जरी के बाद बच्चे को नहलाना → शल्य चिकित्सा स्थल पर संक्रमण → बच्चे की स्थिति बदलना। अनुसरण करना और मूलभूत देखभाल → दवाई → बच्चे को दैनिक गतिविधि में सहायता।	

ANNEXURE- 11

PARTICIPANT INFORMATION SHEET (ENGLISH)

1. **Study title:**

"A pre- experimental study to assess the effectiveness of parental partnership program regarding post- operative care on anxiety level of parents of children undergoing genitourinary surgery in selected paediatric units of tertiary care hospital of Bhopal."

Study Investigators:

2. **Student** (Name, Department): Akanksha Anjali, Paediatric Nursing, MSc Nursing (Batch:22-24), AIIMS Bhopal.
3. **Guide** (Name, Department): Dr. Mamta Verma, Paediatric Nursing, Associate Professor, Nursing College, AIIMS Bhopal.
4. **Co- Guide/s** (Name, Department): Dr. Jisa George T, Medical Surgical Nursing, Assistant Professor, Nursing College, AIIMS Bhopal.
5. **Co-Guide** (Name, Department): Dr. Roshan Chanchlani, Associate Professor, Dept. of Paediatric Surgery, AIIMS Bhopal.
6. **Introduction**:

We are conducting a research study to assess the effectiveness of parental partnership program on anxiety level of parents of children undergoing genitourinary surgery in AIIMS Bhopal. We would like to say that please give your consent, so that we can complete our study. If you agree to take part voluntarily, we will ask you to sign a consent form.

7. **Purpose of the study:**

The aim of our study is to assess how much effective is the parental partnership program before the genitourinary surgery over level of anxiety. This will help us find to find out the need of parental partnership program before genitourinary surgery.

8. Taking part – what it involves:

a. **Do i have to take part?**

Participation in this research is entirely voluntary. A decision to not take part, or to withdraw at any time, will not affect your rights or medical care in any way.

b. **What is expected of me if i take part?**

If you participate, and if you will give your consent then we will give you a question paper and will collect your information regarding anxiety and then we will involve you in parental partnership program and then the same question paper will be given to you to assess your anxiety level before and after parental partnership program.

c. **How long will my part in the study last?**

Your participation in the study would last for 30 minutes. For this you don't have to come separately and repeatedly.

d. Do i have to come for extra visits or undergo extra investigations for the study?

No additional visits or extra investigations will be done for this study.

e. What are the possible benefits in taking part?

Taking part will help to gain knowledge about parental partnership program which may result in improvement of management of your child's health care better and others also.

f. What are the possible disadvantages and risks of taking part?

There are no any specific risks/adverse effects associated with parental partnership program being studied. There may be risk of loss of privacy and confidentiality of information collected even though all possible measures will be taken to ensure safe data storage and access.

g. What happens to the information collected from me?

All information collected will be kept strictly confidential and not shared with anyone. Results from the study will be reported as group data and will not identify you in any way.

h. What if i change my mind regarding participation in the study?

You are entitled to change your mind and withdraw at any time during the study without any disadvantage or penalty.

i. Whom do i contact for more information or if I have further questions or concerns?

If you want any information or have questions or concerns, you can contact:

Akanksha Anjali

Post graduate student,
Paediatric Nursing

7033850641

akankshaa.mscnursing22@aiimsbhopal.edu.in

Dr. Shashank Purwar

Member Secretary
Institute Ethical Committee Student research.

7773010099

ihecpgr@aiimsbhopal.edu.in

ANNEXURE- 12

PARTICIPANT INFORMATION SHEET (HINDI)

प्रतिभागी सूचना पत्र

1. अध्ययन का शीर्षक: बच्चे के माता पिता अथवा बच्चे के देखभालकर्ता को बच्चे के जनन तथा मूत्राशय तंत्र सर्जरी के देखभाल से होने वाली व्याकुलता अथवा चिंता का अवलोकन अभिभावक समर्थन कार्यक्रम के पहले तथा बाद में करना

अध्ययन जांचकर्ता

2.छात्र: आकांक्षा अंजलि, एम एस सी नर्सिंग पीडियाट्रिक (बैच 22-24), एम्स, भोपाल

3.मार्गदर्शक (गाइड): डॉ ममता वर्मा, पीडियाट्रिक नर्सिंग, एसोसिएट प्रोफेसर, एम्स, भोपाल

4.सह मार्गदर्शक: डॉ जीशा जोर्ज टी, मेडिकल सर्जिकल नर्सिंग, असिस्टेंट प्रोफेसर, एम्स, भोपाल

5.सह मार्गदर्शक: डॉ रोशन चंचलानी, सह प्राध्यापक बाल शल्य चिकित्सा विभाग, एम्स, भोपाल

6.परिचयः

हम एम्स, भोपाल में जनन तथा मूत्राशय तंत्र के सर्जरी से होने वाले चिंता अथवा अवलोकन के विषय पर अनुसंधान/अध्ययन कर रहे हैं ।हम चाहते हैं कि आप अपना योगदान दें ताकि हम इस अध्ययन को बखूबी पुरा कर सकें

यदि आप स्वेच्छा से भाग लेने के लिए सहमत है तो, हम आपसे यह सहमति प्रपत्र हस्ताक्षर करने के लिए आग्रह करेंगे।

7.अध्ययन का उद्देश्यः

हमारे अध्ययन का उद्देश्य है कि आपके बच्चे के जनन तथा मूत्राशय तंत्र में सर्जरी से पहले अभिभावक समर्थन कार्यक्रम के पहले तथा अभिभावक समर्थन कार्यक्रम के बाद में आपके व्याकुलता अथवा चिंता का अवलोकन किया जाएगा इससे हमें अभिभावक समर्थन कार्यक्रम के आवश्यकता की खोज में सहायता मिलेगी।

8.भाग लेना – इसमें क्या शामिल है ?

a.क्या मुझे भाग लेना चाहिए ?

इस अनुसंधान में भाग लेना पूर्णतः स्वैच्छिक है । भाग नहीं लेने का निर्णय या किसी भी समय अपना नाम वापस लेने से, किसी भी रूप में आपके अधिकारों या आपकी चिकित्सा देखभाल पर कोई विपरीत प्रभाव नहीं पड़ेगा ।

b.यदि मैं इसमें शामिल होता /होती हूं तो मुझसे क्या अपेक्षित हैं?

यदि आप इसमें शामिल होते हैं तो, हम आपको एक प्रश्न पत्र देंगे और आपके बारे में सूचना एकत्रित करेंगें तथा आपको अभिभावक समर्थन कार्यक्रम में शामिल करेंगे और दुबारा से पहले वाले प्रश्न पत्र देंगे और आपके बारे में जानकारी लेंगे।

c.अध्ययन में मेरी भागीदारी कब तक चलेगी ?

अध्ययन में आपकी भागीदारी 30 मिनट के लिए होगी। इसके लिए आपको अलग से आने या दोबारा आने की आवश्यकता नहीं है।

d.क्या मुझे इस अध्ययन के लिए अलग से आना पड़ेगा या अतिरिक्त जांच जरूरी होगी ।

आपको अलग से आना आवश्यक नहीं है या अतिरिक्त जांच जरूरी नहीं है।

e.इसमें शामिल होने से संभावित लाभ क्या है ?

इसमें भाग लेने से आपको अभिभावक समर्थन कार्यक्रम के बारे में ज्ञान की वृद्धि होगी। इसके परिणामस्वरूप आपके / आप जैसे मरीजों के प्रबंधन/परिणामों को बेहतर बनाया जा सकता है तथा आपके बच्चे के देखभाल में यह सुचना लाभदायक होगी।

f.इसमें भाग लेने से संभावित हानि एवं जोखिम

इस अध्ययन के कारण किसी बड़ी हानि या जोखिम की पूर्व संभावना नहीं है। एकत्र की गई सूचना एवं आंकड़ों एवं इनकी पहुंच को सुरक्षित रखने की सभी सावधानियों के बाद भी इन सूचनाओं की निजता अथवा गोपनीयता की खोने की संभावना बनी रहती है|

g.मेरे बारे में एकत्र की गई सूचना का क्या किया जाएगा?

एकत्र की गई सभी सूचना पूर्णतः गोपनीय रखी जाएगी तथा अध्ययन से प्राप्त निष्कर्षों को अन्य किसी से साझा नहीं किया जाएगा । इन्हें ग्रुप आंकड़े के रूप मे रिपोर्ट किया जाएगा और किसी भी तरह से आपकी पहचान उजागर नहीं होगी ।

h. इस अध्ययन मे भाग लेने के लिए मेरे विचार बदलने पर क्या होगा ?

अध्ययन के दौरान किसी भी समय बिना किसी क्षति या दंड के आपको अपने विचार बदलने का पूरा अधिकार है ।

i. इस संबंध मे अधिक जानकारी के लिए या बाद मे मेरे मन मे कोई प्रश्न या शंका होने पर मुझे किनसे संपर्क करना होगा?

यदि आप कोई सूचना चाहते हैं या आपका कोई प्रश्न है या शंका है तो आप इन नंबरों पर संपर्क कर सकते हैं:

आकांक्षा अंजलि
स्नातकोत्तर छात्रा
पीडियाट्रिक नर्सिंग
7033850641
akankshaa.mscnursing22@aiimsbhopal.edu.in

डॉ. शशांक पुरवार
सदस्य सचिव,
संस्थान आचार समिति – छात्र अनुसंधान
विभाग, एम्स, भोपाल
7773010099
ihecpgr@aiimsbhopal.edu.in

ANNEXURE- 13

प्रतिभागी सूचना सहमति प्रपत्र

PARTICIPANT INFORMED CONSENT FORM (PICF)

इस अध्ययन के लिए प्रतिभागी का पहचान नंबरः .....
Participant Identification no for this study: ……

अनुसंधान का शीर्षकः एक पूर्व प्रायोगिक अध्ययन: बच्चे के माता पिता अथवा बच्चे के देखभालकर्ता को बच्चे के जनन तथा मूत्राशय तंत्र सर्जरी के देखभाल से होने वाली व्याकुलता अथवा चिंता का अवलोकन अभिभावक समर्थन कार्यक्रम के पहले तथा बाद में करना|
Title of the study: - "Effectiveness of parental partnership program regarding post-operative care on anxiety level of parents of children undergoing genitourinary surgery in selected pediatric units of tertiary care hospital of Bhopal."

शोधकर्ता छात्र का नाम: आकांक्षा अंजलि, एमएससी नर्सिंग (पीडियाट्रिक नर्सिंग) बैच 22-24, **फोन नं**: 7033850641

Name of the Principal Investigator: Ms. Akanksha Anjali, MSc nursing (pediatric nursing), Batch 22-24, AIIMS, Bhopal. Mob. No. 7033850641

शोध मार्गदर्शक का नाम : डॉ ममता वर्मा, पीडियाट्रिक नर्सिंग, सह प्राध्यापक, एम्स, भोपाल
Name of thesis Guide: Dr. Mamta Verma, Pediatric nursing, Associate Professor, Nursing College, AIIMS Bhopal.

शोध सह मार्गदर्शक का नाम : डॉ जीशा जोर्ज टी, मेडिकल सर्जिकल नर्सिंग, सहायक प्राध्यापक, एम्स, भोपाल
Name of the thesis Co-Guide: Dr. Jisa George T, medical surgical nursing, Assistant Professor, Nursing College, AIIMS Bhopal.

शोध सह मार्गदर्शक का नाम : डॉ रोशन चंचलानी, सह प्राध्यापक बाल शल्य चिकित्सा विभाग, एम्स, भोपाल
Name of the thesis Co-Guide: Dr. Roshan Chanchlani, Associate Professor**,** Dept. of Pediatric Surgery, AIIMS Bhopal.

मैंने दिनांक 20.07.2022 के सूचना पत्रक संस्करण II में दिए गए सभी तथ्यों को सावधानीपूर्वक पढ़ लिया है/ मुझे अपनी भाषा में स्पष्ट रूप से विस्तारपूर्वक समझा दिया गया है,और मैंने तथ्यों को पूर्णतः समझ लिया है। मैं पुष्टि करता/करती हूँ, कि मुझे सवाल पूछने के अवसर प्रदान किए गए।
The content of the information sheet version II dated 20.07.2022 has been provided, have been read carefully by me/explained in detail to me, in a language that I comprehend, and I have fully understood the content. I confirm that I have had the opportunity to ask questions.

मुझे इस अध्ययन की प्रकृति एवं उद्देश्य और इसके संभावित जोखिमों / लाभों तथा अध्ययन की अनुमानित अवधि एवं अन्य प्रासंगिक जानकारी के बारे में विस्तारपूर्वक समझा दिया गया है। मुझे पता है कि इस अध्ययन में मेरी भागीदारी स्वैच्छिक है तथा मैं इस अध्ययन से किसी भी समय बिना कोई कारण बताए, अपना नाम वापस लेने के लिए स्वतंत्र हूं और नाम वापस लेने पर

मेरी चिकित्सा देखभाल या कानूनी अधिकारों पर कोई प्रभाव नहीं पड़ेगा।
The nature and the purpose of the study and potential risks/benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

मैं समझता/समझती हूं कि इस अनुसंधान में मेरी भागीदारी से मेरे बारे में एकत्र की गई जानकारी और मेरे चिकित्सीय दस्तावेजों के किसी भी भाग को एम्स के जिम्मेदार व्यक्तियों द्वारा ही देखा जाएगा। मैं इन व्यक्तियों को मेरे रिकॉर्ड प्राप्त करने की अनुमति प्रदान करता/ करती हूँ।यदि प्रतिभागी बच्चा है तो उसकी मौखिक या लिखित सहमति प्राप्त की गई है।
I understand the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from AIIMS, Bhopal. I amgiving my permission for these individuals to have access to my records. If participant is child, his/her verbal of written assent has -been obtained.

मैं उक्त अध्ययन में भाग लेने के लिए सहमत हूं
I agree to take part in this study.

दिनांक /Date: …..

स्थान/Place:

(प्रतिभागी के हस्ताक्षर / बांए अंगूठे का निशान)
(Signature/left thumb impression)
प्रतिभागी का नाम
Name of the participant:

पिता/पति/पत्नी का नाम……
Son/daughter/Spouse of:

डाक का पूरा पता.....
Complete postal address:

अगर अशिक्षित हों, सूचना पत्र को प्रतिभागी को पढ़ा और समझाया गया है और प्रश्न पूछने का अवसर दिया गया है। मैं पुष्टि करता हूं कि व्यक्ति ने स्वतंत्र रूप से अपनी सहमति दी है ।
If illiterate, the information sheet has been read and explained to the participant and given the opportunity to ask questions. I confirm that the individual has given consent freely.

कानूनी रूप से स्वीकार्य प्रतिनिधि या निष्पक्ष गवाह के हस्ताक्षर:
Signature of legally acceptable representative or impartial witness.

एलएआर या निष्पक्ष गवाह का नाम:
Name of LAR or impartial witness

पता/ Address:

प्रमाणित किया जाता है कि उक्त सहमति मेरी उपस्थिति में प्राप्त की गई ।

This is to certify that the above consent has been obtained in my presence.

छात्र शोधकर्ता के हस्ताक्षर /Signature of the Student Investigator:

दिनांक/Date ……. स्थान/ Place……

ANNEXURE 14

CODING FOR MASTER DATA SHEET

(EXPERIMENTAL GROUP)

Section A: Sociodemographic Variables

Parents's Performa

1. Age	a) Up to 25 years - 0 b) 25-30 years -1 c) 30- 35 years -2 d) more than 35 years -3
2. Gender	a) Male -0 b) Female -1 c) Other -2
3. Religion	a) Hindu -0 b) Muslim -1 c) Christian -2 d) Others -3
4. Educational Status	a) No formal education -0 b) Secondary education -1 c) Graduation - 2 d) Post graduation or above -3
5. Occupation	a) Home maker -0 b) Laborer -1 c) Professional -2 d) Any other -3
6. Residential area	a) Urban -0 b) Rural -1 c) Semi Urban -2

Child's Performa

7. Age - Child age	a) 3-6 years -0 b) 6-9 years -1 c) 9-12 years -2
8. Gender - Child gender	a) Male -0 b) Female -1 c) Others -2
9. Previous hospitalization of the child	a) yes -0 b) no -1
10. History of any previous surgery	a) yes -0 b) no -1

Section B. Hamilton Anxiety Rating Scale

Coding of scoring for Hamilton Anxiety Rating Scale (Pre- Test Total Score)

S.N.	CATEGORY	PRE- TEST TOTAL SCORE	CODING
1.	Mild severity	≤17	0
2.	Mild to moderate Severity	18-24	1
3.	Moderate to severe	25-56	2

Coding of scoring for Hamilton Anxiety Rating Scale (Post- Test Total Score)

S.N.	CATEGORY	POST- TEST TOTAL SCORE	CODING
1.	Mild severity	≤17	0
2.	Mild to moderate Severity	18-24	1
3.	Moderate to severe	25-56	2

ANNEXURE- 15

MASTER DATA SHEET

SUBJECT	SOCIO- DEMOGRAPHIC VARIABLES										Pre-test total score	Pre- test category of anxiety	Post-test total score	Post-test category of anxiety
	PARENT'S PERFORMA						CHILD'S PERFORMA							
	Age	Gender	Religion	Educational status	Occupation	Residential area	Child age	Child gender	Previous hospitalization of the child	History of any previous surgery				
1	1	1	0	1	3	0	2	1	0	0	49	2	41	2
2	0	0	0	1	1	0	0	0	1	1	21	1	20	1
3	0	1	0	1	0	0	0	0	0	0	20	1	18	1
4	3	1	0	1	0	1	2	0	1	1	44	2	16	0
5	2	1	0	1	1	1	0	0	0	0	43	2	37	2
6	0	1	0	1	1	0	0	1	0	0	43	2	5	0
7	1	0	0	2	2	2	0	0	0	1	48	2	6	0
8	3	0	0	1	1	1	2	0	0	0	16	0	5	0
9	2	0	0	1	3	0	2	0	1	1	36	2	8	0
10	3	1	0	1	1	0	2	0	1	1	34	2	6	0
11	3	1	0	0	0	0	2	0	1	1	35	2	5	0
12	2	0	0	1	0	1	0	0	1	1	34	2	7	0
13	1	0	0	1	2	0	0	0	1	1	27	2	3	0
14	1	1	0	1	0	2	1	1	1	1	35	2	9	0
15	1	1	0	0	3	2	0	0	1	1	36	2	8	0
16	2	1	0	1	0	1	2	0	1	1	20	1	7	0
17	0	1	0	1	0	1	1	0	1	1	35	2	10	0
18	1	0	0	1	0	0	0	0	1	1	35	2	18	1
19	1	1	0	1	0	0	0	1	1	1	35	2	10	0
20	3	0	0	1	3	1	0	1	0	0	10	0	0	0
21	0	1	0	1	0	1	0	0	1	1	27	2	17	0

22	1	1	0	2	3	0	0	0	0	1	15	0	10	0
23	1	1	0	2	0	0	0	0	1	1	24	1	7	0
24	2	0	0	3	2	1	2	0	1	1	24	1	14	0
25	3	0	1	1	1	1	2	0	0	1	21	1	12	0
26	3	1	0	1	0	1	2	1	1	1	29	2	12	0
27	1	1	0	2	0	2	0	0	1	1	20	1	3	0
28	1	1	1	1	0	1	0	1	0	1	28	2	12	0
29	2	0	0	2	1	2	0	0	0	0	13	0	8	0
30	0	0	0	1	3	2	0	0	0	1	22	1	14	0
31	0	0	0	1	1	0	0	0	1	1	5	0	3	0
32	2	0	0	1	1	2	0	0	0	0	24	1	19	1
33	3	1	0	1	0	2	2	0	0	0	22	1	9	0
34	2	1	0	1	0	0	2	0	1	1	25	2	14	0
35	2	0	1	2	3	0	0	0	0	1	28	2	23	1
36	1	0	0	1	1	0	0	0	0	1	18	1	12	0
37	1	1	0	1	0	2	0	0	0	0	22	1	16	0
38	1	1	0	1	0	0	0	0	1	1	26	2	22	1
39	1	1	0	1	0	0	0	1	1	1	21	1	18	1
40	1	0	0	1	3	0	0	0	1	1	16	0	12	0
41	2	0	0	1	1	2	2	1	1	1	26	2	16	0
42	2	0	0	1	3	2	2	0	0	1	20	1	13	0
43	1	0	0	1	1	0	0	0	1	1	21	1	14	0
44	1	0	0	2	2	0	0	0	1	1	16	0	11	0
45	1	1	0	2	3	0	0	0	1	1	18	1	11	0
46	3	0	0	2	3	2	2	0	1	1	15	0	11	0
47	2	1	0	1	0	0	2	1	0	0	23	1	14	0
48	1	1	0	1	0	1	0	0	0	0	23	1	15	0
49	0	1	0	1	0	1	0	1	0	0	20	1	12	0
50	1	1	0	1	0	2	0	0	0	1	15	0	9	0

ANNEXURE- 16

GLIMPSES OF DATA COLLECTION

Researcher with one of the Participant

Researcher with another Participant